Ch#3709

Date of Notification (1) 07/10/2015	N	ame of I	Building Ov Arlington	wner/C Board	perator of d of Ed	(2) ucatio	n2015 JU	_ 15	AH	7: 3	EV					
Agencies Notified	Type Notification		S	treet Ad												
× EPA × DEP × DOL	Initial Amended Amendment	#			e, Zip Cod Arlington,		7031		- 30Lu & 1	E	J. jh	j				
X DOH X DCA	Emergency (justification) Cancellation	ncluding			Contact en Marar	10				Tele	ohone N	umbe	r			
<u>M</u>				FACIL	ITY INFO	RMATI	ON									
Name of Facility Where Franklin Roosevelt								× S	of Facility (4) School (K-12)						
Street Address 50 Webster Street								T	Subchapter 8 Other (i.e. pri etc.)				uildi	ngs, h	nome	s,
City (5) North Arlington								Squar	e Feet	# of	Floors		Blo	ig. Ag	e	
County (6) Bergen				County C	Code (7) ISE ONLY)			Curre	nt Use (Prior ol	if bein	g demol	ished)			
Name of Monitoring Firm T&M Associates	n Hired by Building (Owner (8)		ASCM	No.		The second second second		tement Control	ractor (9)					
Street Address 11 Tindall Road	*							Addres McBrid	ss de Ave							
City, State, Zip Code Middletown, NJ 07	748						200000000000000000000000000000000000000		p Code Park, NJ	0742	4					
Project Manager for Mo Kevin Burns	nitoring Firm			Telephor	ne No. '6-4000			none No 225-8			License 01104					
Start Date (10) 07/27/2015		Scheduled 08/04/20		pletion (Date (11)				HA Monitor onmental	Labor	atories	3				
Occupancy Status Durir				770378	111			Addres	ss te 22 Wes	t						
	cated During Entire ned Outside of Norr occupied(sub 8)			ent			City, S	State, Z	ip Code 07083							
Scope of Work (Check							Offic	// / / / / / / / / / / / / / / / / / /	07000		-					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	nii Τπατ Αρρίγ)	and the same of th	enovat emoliti					Mir	Il Containme ni-Enclosure ovebag Proc n-Exempted	edure						
								INO	II-Exempled	() all	1 14011-1 1	·		Abate		
	Charles 4°	20733	ocation or mall					e						Ту		
Asbestos-Containin TO BE AF In Fac (13	g Material (ACM) BATED illity	Used Mair	Solel ntenar odial S (12)	y by nce/	Asbest (i.e.	os Cor therma surf	escription ntaining I al system acing, VA miscella	Materia is insula AT, or	ation,	(S	mount specify or LF)		Removal	Repair	Encapsulate	Enclosure
media o	enter	1		X	vapor b	ar. co	mpour	nd bel	ow floori	1.9	950 sf		x			
Thoua C	, cintoi				vapor b	ui. 00	, inpour			.,,						
None of Designation	esta Unida	5		JDEP V	Vacto	C.ik:	c Yards		Name of F	Panista	red Lan	dfill				
Name of Registered Wa Lilich Corporation	asie mauier		Н	auler ID 8724		of W			G.R.O.\					19		
City, State Woodland Park, No						Disp n/a	osal Date	Э	City, State Morrisvi		A					
Completed by Momo Glavatovic	and the second	Title vice p	resid	dent			Signatur	e d	H)	2		Date 07/		2015		

Date of Notification (1)		100	lame of E ynda 7	Building Owner/C	perator	(2)		Charl	K#12922	2			1000		
July 10, 2015		200		Street Ad					OI ROLL	S TUCKE	75	t i	17		_
Agencies Notified X EPA	Type Notification		100		gan Avenue				<i>i</i>	- j			. /	9/	
EPA DEP DOL	Amended Amendment	#			e, Zip Code on, NJ 08053					& 1.10	ĒŅ.	14	in f	υL	
Jan 1997	Emergency (justification)	including	1	Name of	Contact				Tele	phone Nu	ımber				
DOH DCA	Cancellation		1	Lynda -	Γrasatti				72						
				FACIL	ITY INFORMATI	ON								-4-7-2	
Name of Facility Where Trasatti Residence		g Place (3)					-	of Facility (4 School (K-12							
Street Address 154 Logan Avenue	•	-					×	Subchapter of Other (i.e. pretc.)				ildir	ngs, h	nomes	5,
City (5) Audubon								re Feet	# of	Floors		Bld 10	g. Ag	e	
County (6)		-		County C	ode (7) SE ONLY)		Curre	ent Use (Prio	r if beir	ng demolis	shed)				
Camden Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCM		Name	N. S.	atement Con	tractor	(9)		_			-
Management & En			;	7.001		Shad	de Er	vironment		20.00					
Street Address PO Box 341							t Addre Cutle	ess er Avenue							
City, State, Zip Code Chesterfield, NJ 08	8515				-			Zip Code ade, NJ 0	8052						
Project Manager for Mo Bill Weisgarber		7		Telephor	ne No. 8-4070		hone N			License 00842	No.				
Start Date (10)		Schedule	d Con	npletion [100000000000000000000000000000000000000		SHA Monitor	•						
July 27, 2015	Ab -t (Cho	July 31,		5			t Addre	alytical, In	C.						
Occupancy Status Duri								e 130 Nor	th						
Facility Closed/Va Abatement Perform Other – Describe:	cated During Entire med Outside of Norr	nal Facility	Hours	ient				Zip Code nson, NJ 0	8077						
Scope of Work (Check						Ollil	iaiiiii	13011, 140 0	0011						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	,	and the same of th	enova emolit			and a	M G	ull Containme ini-Enclosure lovebag Prod	e cedure					200	
						L	N	on-Exempted	d (*) an	d Non-Fri	able P			ment	
			Locat									,	Ту		
Locati Asbestos-Containir <u>TO BE A</u> In Fai (13	ng Material (ACM) BATED cility	Use Mai Cust	lormal d Sole intena codial ((12)	ely by nce/ Staff?	Asbestos Cor (i.e. therma surf		Materi ns insu AT, or	ilation,	(mount Specify F or LF)	Nemovai	Domovol	Repair	Encapsulate	Enclosure
		Yes	No	N/A	Die	e Insul	otion		2	10 LF	2	_			
Baser	ment		XXX	<u> </u>	Pip	e msui	lation			TO LI		•			
							**								
											1511				
Name of Registered W Freehold Cartage	/aste Hauler		H	NJDEP V Hauler ID 12265		c Yards aste				ered Land County		lilt			
City, State Freehold, NJ	е					osal Dat		City, Sta Newbu		A					
Completed by	J Title					Signatu		~	^		Date				
Christina Lynch		s Mana	ager	()h	D	160	X	_	7/10	/20	15				

NOTIFICATION OF ASBESTOS ABATEMENT Initial Friable N (Pursuant to NJAC 8:60-7 and 12:120-7) Check #: 6371

Initial Friable Notification

Date of Notification	Contract Account	-	Na	me of	Bui.	din	g Owne	r/Operato	or (2) 9\$10	P = 16					
0 7 / 1	0 1/1 1	5	Bu	utler E	Board	of E	ducati	on	- 48/0	JUL 15	£14	7: '	30		
Agencies Notified	Type Notific	ation	St	reet	Addr	288			.9				/		
[X]EPA	(val t=i hi = 1		138	Bart	holdi	Ave	nue		5 20						
[X] DEP	[X] Initial Notific		CI	ty. S	tate	. Zi	p Code				1371	2			
⊠ 1DOL	[]Amended	ι	B	utler, l	NJ 07	7405	47								
(×1 DOH	Notific	cation	1	me of					Te	lephone N	umber				_
DCA	[]Cancell	ation	11	hn D		_				7	_				
			1130	ohn Bi		_			9,	<u> </u>		-		-	
Name of Facility W	home Marramet	of is Ta	NE I DO				NFORM	MOITA	Type of Faci	11FV (4)					_
Name or Facility W	nere Abaceme	16 15 16	MING	FIAC	.e (3	,									
Butler High School									[]Subo	ol (K-12) hapter 8	(Othe	er tl	nan :	<-12)
Street Address								1	[]Other cial	er (i.e., building	priva	nte o	et.	omer	•
38 Bartholdi Avenue								į	BERT AMERICA STOCKES	# of Fl	COCE	BT			
City (5)		County	(6)			Cou	inty Co	ode (7) SE ONLY)	50,000 Current Use	(Prior if	heir	70.0	60		<u>a</u>
Butler, NJ 07405		Morris				(21	MIE U	SE UNLI)	Total St.	(21101 11		ig u	CILIO		-/
Name of Monitoring	Firm Hired			ASC	1 No.	1	Name	of Abate	School ment Contract	or (9)					
Owner (8)		- 5					_		w .						
Westchester Enviror	mental, LLC			000	127		Four	Strong Bu	uilders, Inc.						
307 North Walnut St	7 North Walnut Street ty, State, Zip Code						180	Sargeant A	Avenue						
	lest Chester PA 19380								A-2						
West Chester, PA 19 Project Manager to	Firm T	Teler	nhone	Numb	er	Cliffo	n, NJ 070	113-1935 Der	11	icen	se N	umbe	r		
	r (longtoring	1						614-0377			0807				
Matt Abraham Scheduled Start Da	te (10) Sc			131-7		117		of OSHA	Monitor		10001	-	-		
0 7 / 2 2 / Month / Day / Occupancy Status D	1 5 0 M	onth /	2 5 Day	only	(5) Year		Four	Strong B	uilders, Inc.					2 mark 1944 A.	
[] Facility Clos of Abatement [] Abatement Fer Hours - Descr	formed Outsi					? -		Sargeant,	Avenue Zip Code						
[]Other - Descr						-	Clifto	on, NJ 070)13						
Scope of Work (Che []Demolit []>3 sf o	ion	abbīĂ)	×]Reno	vatio	on		[]Mini []Glov	. Containment Enclosure rebag Procedu -Friable Proc	re	ative	Pre	ssui	e	
			Г	Is	T					1		Abat	emer	it Ty	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) Is Location Normally Used Solely by Maintenance/ Custodial Staff(12) Yes No N/A						i	Asbe Ma (i.e., nsulat		aining ACM)	Amoun (Spec SF LF	ify or	REMOVAL	REPAIR	ENCAPSUL .	ENCI OSURE
Boys & Girls Bathro	om & Hallway	,		X	F	Pipe	Insula	tion & ass	ociated fittings	319 LF		X			
							- '								
			+	1	1								_		
Name of Registered	Waste Haule	r		JDEP auler			Cubic of Wa	Yards ste	Name of Reg	istered L	andfi	.11			
Four Strong Builder	s, Inc.		1	2609				-	G.R.O.W.S.						
City. State							Dispo	sal Date	City. State						
Clifton, NJ									Tullytown, P	Α					
Completed By (Print or Type) Title								Signature			7	- Da	ate		
Nick Zivkovic		Preside	nt					(1)	(5)	iend	/-	7	10/	15	
ASB-41	l	i reside	i I L					allic	7	ceesu		1//	10/	J	
JUN 95															

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		(Pui	suant t	to NJAC 8:60 and	112:120))		67	1991 (5 % 5 %)	1 200	74		
Date of Notification (1) Agencies Notified Type Notification			lame of		1		2		UL 15	AH 7	: 6	2	
EPA Initial DEP Amended Amendment # Emergency (in justification) DCA Cancellation	cluding	_ ·	Spri	te, Zip Code OB VO VA Contact	F 1	eigh	its,	A 22.000.00	phone Ni		 !! ÛL		
			FACI	LITY INFORMATI	ON								
Name of Facility Where Abatement is Taking I	Place (3)				Si Si		2) 8 (Othe	er than K-12				
912 Sherandown D	XIVE	_				et et	c.)		commerci				S,
City (5) Spring Lake He	ight	5				1	787		Floors		dg. A	ge i	
County (6) Manmauty	<u>) </u>			Code (7) JSE ONLY)			HOI	Ne	ng demolish	nea)			
Name of Monitoring Firm Hired by Building Ox	me of Monitoring Firm Hired by Building Owner (8)						ement Con tries Inc		(9)				
Street Address	500 1400												
City, State, Zip Code	e, Zip Code												
Project Manager for Monitoring Firm		1	elepho	ne No.	0.00	hone No 2)899-7			License N 01196	lo.		= -00	
Start Date (10) 22 5	Schedule	ed Com	pletion	Date (11)	Name	of OSH	A Monitor						
Occupancy Status During Abatement (Check	Only Or	ne)			Street	Address	3						
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other – Describe:	eriod of /	Abatem Hours	ent		City, S	State, Zip	Code						
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	The same of the sa	Renovat Demoliti				Mini	-Enclosure	e cedure	Negative I			e	
	100	Location									Abate Ty	ment pe	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma Cus	Normalled Solel intenantodial S (12)	y by ice/ taff?	Asbestos Con (i.e. therma surfa	escription taining l I system icing, V/ miscella	Material ns insulat AT, or	(ACM) tion,	(8	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A	12/1/10/20	(/ a	nla	20/00	776	MSF	8			
				Velm	J (U)	ite	ining	3 [0	7001	0			
				N1	Danista	and I andfi							
Name of Registered Waste Hauler Brick Industries Inc.	Vaste Cubic No. of Wa	Yards iste	7	GROW	Talent Adapt V.	ered Landfil	ı						
City, State				Dispo	sal Dat	15	City, Stat	te					
Brick, New Jersey Completed by	Title			[]	Signatu	re .	100		D	ate	0.11	۲	
Eric Plackis		ident				2	10			7/1	311	2	

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:120)

		0											
Date of Notification (1)	July 10, 2015					g Owner/C Sen		or (2) e Construction	y / wear	2	70	220	1
Agencies Notified [X] EPA		Notific		S	Street Address	128	Bart	tlett Avenue	2815 JUE	. 15	AH	7: @	5
[] DEP [x] DOL	Amer	dment	otification # including	C	City, State, Zip		st Cr	eek, NJ 08092	4.3 5L			, 20 5	L
[x] DOH [] DCA	justifi	cation) ellation		N	Name of Contac Joy			Те	lephone Number				
			F.	ACIL	ITY INFOR	MATIO	N						
Name of Facility Where Ab	atement is Taking idence	Place (3)					Type of Facility (4)	School (k-12) Subchapter 8 (oth	ar than	k-12)		
Street Address	Drum Point R	oad						[x]	Other (i.e., privat homes, etc.)			al build	lings,
City		Cour	nty (6)		ounty Code (7) STATE USE O	л V)		Square feet	# of Floors	Bldg	, Age	0	
Brick		Oce	an	(5	TATE OSE OF	NLI)	741	1800 sf Current Use (Prior if t	neing demolished)			10	
20/2/2025								Residen	ce				
Name of Monitoring Firm N/A		Owner ((8)	A	SCM No.	Name	e of A	batement Contractor (9) n Contracting,	Inc			
Street Address	1					Stree	t Addr	ess	ute 9, Unit 61	mic.			
City, State, Zip Code						City,	State,	Zip Code		0.00	155 1	251	
Project Manager for Monit	oring Firm		Telephone Num	her		Teler	nhone	Number	ver, New Jers		/55-1	271	
r roject ivianager for ivionit	ornig i iiii		Telephone Ivani	oci				9932	00624	umou			
Scheduled Start Date (10) 7/10/15			Scheduled Comp 7/14/15	pletion	Date (11)	Nam	e of O	SHA Monitor E.M.S.L	. Analytical				
Occupancy Status During					1000 or 400	Stree	et Addı		alter Deed				
	lity Closed/Vacated tement Performed							CONTRACTOR	elton Road				
	er – Describe	Outside	or Norman racinty	y I rour.	3	City,	State,	Zip Code Piscatav	vay, New Jerse	y 088	54		
Scope of Work (Check all	that apply)]]	Full Containment v	vith Negative Pres	sure			
						[]	Mini-Enclosure					
1 5 5	of or ≥3 lf Osfor ≥260 lf		L 1	novatio molitio	710	Į.	x]	Glovebag Procedur Non-Exempted (*)		Procedi	ire		
[X] 210	0 \$1 0f ≥200 ff		[X] Dei	поппо	711	L.		Non-Exempted ()	and Ivon-I Habie	Toccur			
										Abat	ement	Туре	
Location	- 6		Is Location			Descri Asbestos-			Amount	R	R	Е	E
Asbestos-Containing N	547/		Normally used Solely by		1	Materia			(Specify SF	E	E P	N C	N C
TO BE ABA		Mai	intenance/Custoo	lial		i.e., thern			or LF)	M	A	A	L
in facilit	у		Staff			nsulation			52 57	O V	I	PS	0
(13)			(12)			VA other mis	T, or			A	R	U	S
"		YE	S NO N	/A		otner mis	cenan	leous)		L		L E	R E
Exterior house			X		Asbestos si	ding			1700 sf	X		-	1
Exterior nouse			Λ		A3003103 31	unig			1700 51	11			
											1	1	1
				-						-		1	
Name of Registered Waste	Hauler		NJDEP Waste Ha	uler II	No. Cubic	Yards of	Waste	Name of Register	ed Landfill		1	1	
Guardian Co	ontracting, Inc.		2022		3			T.R.R.F.					
City, State	Now Iorgan			isposal /15/1:			y, State	e wn, Pennsylvania					
	New Jersey	Title		13/1	Signature		/	/// / /	/	Date	:		
							10	1 te		7/1	0/15		

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:120)

								160				
Date of Notification (1) July 10, 2015					Name of Buildi		ole Construction	15C. 2-	12	<u> </u>		
Agencies Notified [X] EPA		Notifica	ation ification		Street Address			15 JUL 15 A	H 7:	Ç5		
[] DEP [x] DOL	Amer	dment #			City, State, Zip		Creek, NJ 08092	& Little		ÜL		
[X] DOH [] DCA		cation) ellation			Name of Conta Joy		Te	elephone Number		,		
				FAC	ILITY INFO	RMATION						
Name of Facility Where A	Abatement is Taking esidence	Place (3)	0			Type of Facility (4)	School (k-12) Subchapter 8 (oth	or than	k 12)		
Street Address	Mark Drive						[x]	Other (i.e., private homes, etc.)			al build	ings,
City		Count	ty (6)		County Code (7) (STATE USE O		Square feet 1800 sf	# of Floors 1	Bldg.		0	1)
Beach Have	en West	Ocea	an				Current Use (Prior if Residen	ce	X X			
Name of Monitoring Firm		Owner (8)		ASCM No.	Name o	f Abatement Contractor (9) n Contracting,	Inc			
Street Address	dress					Street A	ddress	oute 9, Unit 61	mo.			
City, State, Zip Code	500.00 1100.00 1					City, St	ate, Zip Code	iver, New Jerse	ev 087	55-12	271	
Project Manager for Mon							ne Number 49-9932	License N 00624				
Scheduled Start Date (10)	One of the second		Scheduled 6	The second second or	ion Date (11)		f OSHA Monitor	. Analytical				
Occupancy Status During [X] Fa	Abatement (Check cility Closed/Vacate		:)		tement	Street A		elton Road				
	batement Performed ther – Describe	Outside	of Normal Fa	acility Ho	ours	City, St	ate, Zip Code Piscatav	way, New Jerse	y 088:	54		al
Scope of Work (Check al	ll that apply)					[] Full Containment	with Negative Pres	sure			
F 1			r 1	_		[Mini-Enclosure	20				
	sf or ≥3 lf 60 sf or ≥260 lf		[x]	Renova		[x	Glovebag Procedu Non-Exempted (*	re) and Non-Friable !	Procedu	re		
L		_						T				
			T- T4'-	122		Descript	on of		Abate	ement	I ype	T
Location	n of		Is Locatio Normally u			Descripti Asbestos-Co		Amount	R E	R E	E N	E
Asbestos-Containing			Solely by	4		Material (ACM)	(Specify SF	M	P	C	C
TO BE AB		Mai	ntenance/Ci	ustodial		(i.e., therma		or LF)	0	A	A P	L
in facil			Staff (12)			insulation, s			V	I R	S	S
(13)			(12)			other misce		3	A		U	U
		YES	S NO	N/A					L		L	R
Exterior house		<u> </u>	X		Asbestos s	siding		1700 sf	X			
Parameter and Control of the Control		1										

Name of Registered Was			NJDEP Was	te Haule		ic Yards of Wa	Name of Registe T.R.R.F.	red Landfill				
City, State	Contracting, Inc.			Dispo	sal Date	City,	State					
	er, New Jersey	Tiel		7/15	/15	Tully	town, Pennsylvania	ν	Date			
	y (Print or Type) Title Signatur icholas Fernicola Project Manager					Nich	Vitel			0/15		

*Do not use this form for asbestos licensure exempted activities.

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:120)

Ch# 27207

Date of Notification (1) July 10, 2015	of Notification (1) July 10, 2015)wner/Oper James	rator (2)		1	-		
Agencies Notified [X] EPA [] Initial [] DEP [] Amen [X] DOL [X] DOH [X] Emerging justifications are considered as a constant of the constant of	Notifica ded Not dment#	ification		Street Address City, State, Zip Cod Name of Contact James	e	4 3 F 1, NJ 07036 &	L 15 AH 7:	ROL			_
		31,775,775,7	CILI	ITY INFORMA	TION	,					
Name of Facility Where Abatement is Taking Residence	Place (3)				Type of Facility (School (k-12)		5. E. GH-70120		
Street Address 10 Ward Drive						[x]	Subchapter 8 (Other (i.e., pri buildings, hom	vate & c	ommer		
City	Count	ty (6)		County Code (7) (STATE USE ONL)	Υ)	Square feet 718 sf	# of Floors	Blo	lg. Age	77	
Brick	Ocea	in		STATE OSE ONE	.,		or if being demolish	ed)		1.1	
Name of Monitoring Firm Hired by Building N/A	Owner ((8)	1	ASCM No.	Name of	Abatement Contrac		g. Inc.			
Street Address					Street A	idress	12.00 KIN TON 1000				
City, State, Zip Code					City, Sta	te, Zip Code	Route 9, Unit 6				
Project Manager for Monitoring Firm		Telephone Nun	her		Telephor	Tom:	s River, New Je	rsey 08 Numbe		.271	
				D : (11)	732-34	9-9932	00624				
Scheduled Start Date (10) 07/10/2015		O7/13/2015		n Date (11)	Name of	OSHA Monitor E.M.	S.L. Analytical				
Occupancy Status During Abatement (Check [x] Facility Closed/Vacate [] Abatement Performed [] Other – Describe	d During	g Entire Period o			City, Sta	1056 te, Zip Code	Stelton Road	sey 08	854		
Scope of Work (Check all that apply)]					l		ainment with Nega	ive Pres	sure		
[]_≥3 sf or ≥3 lf [X]≥160 sf or ≥260 lf		[] Ren [x] De	ovatio moliti				closure g Procedure cmpted (*) and Non-	Friable	Proced	ure	0
								Ab	atemen	Туре	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12) YES NO N/A			Ash N (i.e. inst	Description bestos-Conflaterial (A., thermal plation, sur VAT, of the miscell	ntaining ACM) systems rfacing, or	Amount (Specify SI or LF)	R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior		X		Asbestos sidir	ıg		1300 sf	X			
											_
								-	+		+-
Name of Registered Waste Hauler Guardian Contracting, Inc.	.3	3	ards of Was	T.R.R.F.	istered Landfill						
City, State Toms River, New Jersey				al Date /2015	City, St Tullyt	ate own,∤ennsylva	nia				
Completed by (Print or Type) Nicholas Fernicola	Title Proje	ect Manager		Signature	chel	Hel		Da 07	te /10/20)15	

CK # 9371

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 42:420)

PROLUEN

Name of Building Owner Operator (2 Date of Notification (1) Keno 2815 JUL 15 Street Address Type Notification Agencies Notified ÉPA O Initial | City, State, Zip Code Amended DEP DOL Amendment # Emergency (including Name of Contact justification) DOH Ralavita DCA Cancellation FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) 1 School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e. private & commercial buildings, homes, B etc.) # of Floors Bldg. Age Square Feet City (5) 08619 Current Use (Prior if being demolished) County Code (7) County (6) (STATE USE ONLY) ASCM No. Name of Abatement Contractor (9) Name of Monitoring Firm H Building Owner (8) Street Address Street Address State, Zip Code City, State, Zip Code Telephone No. 609 758-3365 Scheduled Completion Date (11) Name of OSHA Monitor Start Date (10) Street Address Occupancy Status During Abatement (Check Only One) P.O. BOK Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours
Other – Describe: City, State, Zip Code Scope of Work (Check All That Apply) Full Containment with Negative Pressure П Renovation ≥3 sf or ≥3 lf Mini-Enclosure Demolition ≥160 sf or ≥260 lf П Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Description of Location of Used Solely by Asbestos Containing Material (ACM) Amount Asbestos-Containing Material (ACM) Maintenance/ (Specify (i.e. thermal systems insulation, Remova ncapsulat Repair TO BE ABATED Custodial Staff? SF or LF) surfacing, VAT, or In Facility (12)other miscellaneous) Yes No N/A Insulation Basement Name of Registered Landfill NJDEP Waste Cubic Yards Name of Registered Waste Hauler of Waste Hauler ID No. Waste Management of PA City, State Disposal Date City, State Mornisvill Date

Date of Notification (1) 07/06/2015			Building C				ct				31				
Agencies Notified T	ype Notification			Street Ad						ZEID	JUL I	j A	7:	69	
EPA DEP DOL	_ Amendment #			City, Stat	e, Zip Co nne, N	de	7		38	<i>i</i>					
DOH DCA	Emergency (i justification) Cancellation	ncluding		Name of	Contact					Tele	phone Nu				
				FACIL	ITY INFO	RMATIO	ON								
Name of Facility Where Aba Woodlynne School	atement is Taking	Place (3)					12 miles	e of Facility (4 School (K-1	190					
Street Address 131 Elm Ave	e e	7.00 (25)		×				×	Subchapter Other (i.e. p etc.)	8 (Othe			dings	hom	es,
City (5) Woodlynne			11					Squ	are Feet	# of	Floors	В	ldg. A	\ge	
County (6) Camden				County C	ode (7) ISE ONLY)				rent Use (Prid	or if beir	ng demolis	hed)			
Name of Monitoring Firm H Epic Environmental S		Owner (8)		ASCM	No.				patement Con		(9)				
Street Address 1930 Brown Rd			· ·				Street 208		ess et Ave						
City, State, Zip Code Newfield, NJ 08344									Zip Code IJ 07011						
Project Manager for Monito James Eberts	ring Firm	8		Telephor 856-20	ne No. 15-1077		Telep	hone			License I	Vo.			
Start Date (10) 07/07/2015		Schedule 07/09/2		npletion [Name	of OS	SHA Monitor						
Occupancy Status During A	Abatement (Chec	k Only Or	ne)				Street								
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Name of Facility Where Abatement is Taking	Place (3))	I AOIL	LITT HAT O	I CHIA		Type o	f Facility (4)				W-50-5		
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775 East Bay Avenue							et	tc.)							-
City (5) Stafford							Square 9,000		1 1	Floors		1000	dg. A 950	ge	
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Ocean				SE ONLY)				munity C					on		
Name of Monitoring Firm Hired by Building (Owner (8)		ASCM	No.		Name	of Abate	ement Cont	ractor	(9)		-			
EnviroVision Consultants, Inc.			0007	9		Incin	ia Con	tracting,	Inc.						
Street Address	_						Address		. 11.	+ 26E					
20-21 Wagaraw Road, Building 35	=					A STATE COLUMN		n Avenue	e, Un	1 305	<u> </u>				
City, State, Zip Code Fair Lawn, New Jersey 07410							State, Zip on, Nev	w Jersey	0701	2					
Project Manager for Monitoring Firm			Telephor				none No			Licens	e No.				
Fred Larson				36-9145			450-95								
Start Date (10) 07/23/2015	Schedule 08/07/2		npletion [Date (11)		and the same of the same		A Monitor ntracting,	Inc.						
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Ground Floor		X		Boi	iler G	asket li	nsulati	on		1 SF	-	ζ			
Ground Floor		X	-		9x9 \	/AT Flo	oring		1	15 SF	2	ζ			
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Atlantic Carting		N	J 691		40					iiCi ICII	Laii	uiiii	501	۲.	
City, State Wayne, NJ 07470						sal Date		City, State Bethleh		PA					
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Milena Zoric	Exec	utive	Directo	or		UN	X	(4)			07/	10/2	2015		

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☑ DHSS ☐ Amended Amended			City	State, Zip	Code Code		- TA	IANIE IN AF		-	d-
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Deci-114					Wayne, NJ						
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UIA U.S. HAIT Ch#1124

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:69 and 12:120)

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5N 55 - 5- 16)		Name of Building	OmesOpada (2)	i (*		og og
Date of Notification (1)	10/15	HR HICHE	HEL MAD	ONEY !	. & LICEN		
Agency Notified	Type Notification	PO. Box	-2698		. ~ LIUCH	e divid	
DEPA .		City, State, Zip C	ode	0. 6769	1.2009	-2	and the second
00EP	D Amended Amendment #	(C)FSIFIE	d. Nic), 0/09	1 061	0	
DOF	G Emergency (including	Name of Copiac		-	Telephone Num	pier ~~	10
рон	justification) Cancellation		howey_				
DDCA	I Carceron.	FACILITY INFO	THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAME	:			
FF ITT 185mm	Abatement is Taking Place	e (3) :		Type of Facility		1	-
Name of Paciny Winas	-	348	· ·	O School (K-12)	III Whose Present that	2)	
Street Address	1 \	2.16		A Other (Le. pir	sie & commerci	al buildings,	
701 MA	rcellus D	KINE		homes, etc.) Source Feet	# of Floors	Bldg. Age	3
City (5)	1 [-		n naa	2	- 60	
WESTPIE	eld NO	County Code (7)	ASTATE USE	Current Use (Pr	or if being dama	ished)	-
		County cope (r.	1011112		HOUSE		
0.0	vion	ASCM No.	Name of Abaten	nend Contractor (9)		
Name of Moreloring Fin	m Hired by Building Owner		NOVATE	ch. IN	<u> </u>	<u>·</u>	
(8)			Street Andress	W QIV	· :-		
Street Address	:. <u>.</u>		City, State, Zo	OV OII			-
City, State, Zip Code			OID B	21 DGE 1	30 :C16	857-	
		Telephone No.	Telephone No.	2000	Linense No.	(
Project Manager for Mi	religing Firm-	resimine um	1732 2	38x+500	0800	10 -	
í	I Scheinblad Go	empleSpn Date (11)	Name of OSHA	Ch (N)		43	
Start Date (10)	1151 81	18/19	Street Aridress	(1) INI	-/-		
Casesanas Sizas Du	and Abatement (Check only	y one)	000	× 214			
	- Postin Donori C	of Alexanderic	City, State, Zip	Code	· \ : \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	902	
I AT Abertomony President	ated During Same Penda. od Outskie of Normal Paul	By Hous	1011 BR	IDGE A	80 .C,	857	
TOWEL-DESCRIPT			. ned	Containment will	h Negative Press	ase ,	
Scope of Work (Check	SI SISS Shiet.	O Renovation		ii-Enclosuse	• •	9	.
©≥3505≥35	•	D Demorgion	- G No	webag Processing n-Exempled (*) 2	nd Non-Frishie P	ROCEDAISE.	Abatement
Ø≥160 sor≥260 F		is Location .	,	-	-	-	Type
		Normally .	Descriptio	n of	Amou	ent l	9 m
loc	ක්ත ශ්	Liend Solety by			(Steel	Ty	Encapaulate Repair Removal
- setuctors Contri	THE RESIDENCE (ALCOH)	E THEM HELDER	e., thenel system surfacing. V	at of	SFORL		nov pale
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ABATED Pacifity	Steff?	other miscale	meous)	1		3 80
	(13)	- (12)	92	8	-		
		Yes No NA					
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1.		XIFIC	OK TILE.		1100	SIF 1	XI
BASEMENT		XIFU	ook lift		1 -100	1	
KITCHEN				- I storm of Do	gistered Landid		
	at the standar	NUDEP Waste Hauter	Cubic Yards C	n penasare	11.10		
Name of Registered	HEED FROM	18501	8	10.15.	1.W.S.D	<u>A</u>	<u> </u>
NOVALE	ch INC	1000	Disposal Date	Cay State	idte V	4	i
City, State	N = N	08857	18/19/18	SA MORIG	WILL I.	Date	1.011/-
010. PUI	DGE N.Q.	00001	Signature	1 - Nomal	4	17	10/15
Completed by		GIDENI.	1 100	ON DKIIW	(1	1
CARLOS HOTE	ELDA 1. 1016	SINENT for ashesios	Frensure exemp	TOR STATUTE		1	

ASB-41

State of New Jersey NOTIF

FICATION OF ASBESTOS ABATEMENT Pursuant to NJAC 8:60 and 12:120)	Clerk 14071

Date of Notification (1) 7/10/15		92.0		Building C andeurs		erator	(2)	2615	JUL	15 AH	7: 3	t.		
Agencies Notified Type Notification			treet Ac	ddress ort Street	t									
				te, Zip Cod eld, NJ (\$1 w 3		Er sin				
□ Emergency (in justification) □ DCA □ Cancellation	cluding		ame of Natt	Contact					Tele	ephone Nun	nber			
<u> </u>			FACII	ITY INFO	RMATIO	N	_		1			50 ± 00 5		
Name of Facility Where Abatement is Taking House	Place (3)		171011				Ту	pe of Facility (
Street Address 512 Hort Street							×	Subchapter Other (i.e. p	8 (Oth			ings,	home	es,
City (5) Westfield								uare Feet	# of 2	Floors	5 S	dg. A	ge	
County (6) Union				Code (7) USE ONLY)		_	Cu	rrent Use (Prid	or if bei	ng demolish	ed)			
Name of Monitoring Firm Hired by Building Ov	wner (8)		ASCM	l No.				batement Con vironmenta						
Street Address						Street PO E		ress 483, 4 E G	ate D	rive				
City, State, Zip Code								, Zip Code od, NJ 0741	8					
Project Manager for Monitoring Firm		T	elephor	ne No.		Teleph 973-		No. -2276		License N 703	0.			
	Scheduled (B/11/15	Comp	oletion [Date (11)		Name	of C	SHA Monitor						
Occupancy Status During Abatement (Check	Only One)	-,-				Street	Add	Iress						
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other – Describe: basement	eriod of Aba		ent			City, S	State	, Zip Code						
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 lf ≥ 160 sf or ≥260 lf		ovatio nolitio				×	K	Full Containme Mini-Enclosure Glovebag Prod Non-Exempted	e cedure				e	
								TOTAL EXCENTION	//				ement	
	Is Lo	catio: mally	3101					- 1				Ту	ре	50
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used S Mainte Custod	olely	by by			system ing, VA	Mate is ins AT, c	or	(5	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes N	No	N/A										fe	(U
Basement			X			pipe			6	0 LF	X			
X														
Name of Registered Waste Hauler Freehold Cartage		На	DEP W		Cubic Y of Wast			1 2000000000000000000000000000000000000		ered Landfill ks Landfil				
City, State		15	939		10 Disposa	al Date		City, Stat						20-2-2-12
Freehold, NJ					TBD			Birdsbo						
Completed by A. Scott Higgins	Title Preside	nt			Sig	gnature	e (2~		7-313	ite 10/15	5		

STATE OF NEW JERSEY

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 AND 12:120)

REGINED

Date of Notification (1)	111 E			Name of Buildi	ng Owner/C	perator (2)	#13 JU	12 13	AM	7:30	
07/09	9/15			Verona Pub	lic Schoo	ls District					,
Agencies Notified	Notification	Туре		Street Address		1.0	33 5	114	Lille	ROL	
▼ EPA	Initial	5	٥	151 Fairviev	v Av		Œ [JCEI	4314	31101	
▼ DEP	Amende	d #		City, State, Zip	Code						
▼ DOL	Emerger	ncy (includia	ng	Verona, NJ	07044						
▼ DOH	iustificat		507	Name of Conta			Tel. Nu	ımber			
▼ DCA	Cancella	ation		Mr. Paul Mo				1120	۷.		
Name of Facility Where Abatement is Ta	king Place (3		FACILITY IN	FORMATION Type of Facility	(4)						· ·
Verona High School	aking i idoo (o	<u>/</u>									
Street Address		·		School (K	(-12)		9				
151 Fairview Av			.5	Subchapt	er 8 (Other	than K-12)					g)
City (5) County (6)		-County C	ode (7)	Other (i.e	e., private &	commercial b	uildings,				
		(State Us		homes, e	etc.)						
Verona Essex . Name of Monitoring Firm Hired by Bldg.	Owner (9)	ASCM No		None of Oresta	(0)						
Westchester Environmental	Owner (6)	00127	<u></u>	Name of Contra MTM Metro		on					
Street Address		00127		Street Address		011					
307 N Walnut Street			135-137 Mc	-8)						
City, State, Zip Code		City State, Zipo	Code								
West Chester, PA 19380		Paterson, N		19							
Project Manager for Monitoring Firm	Telephone N			Telephone Nur				e Numb	er		
Matt Abraham	610-996-3	515		973-742-50	30		00809	9			
Scheduled Start Date (10)	Scheduled (Completion	Date (11)	Name of OSHA		•					
7/10/2015	7/17/2015			MTM Metro	Corporat	ion					
Occupancy Status During Abatement (C	heck only one	<u>e)</u>		Street Address	-						
				135-137 Mo	Bride Av	enue					
Facility Closed/Vacated During En	tire Period of	Abatement		City, State, Zip	Code						
Abatement Performed Outside of I	Normal Facility	y Hours		D-4 N	1.07504						40
Other-Describe:				Paterson, N	J 0/501			-			
Source of Work (Check all that apply)											
	Renovation	1	Full	Containment wit	h Negative	Pressure	× Mi	ni-Enclo	sure		
> 160 sf or > 260 lf	Demolition		☐ Non	-Exempted(*) &	Non-Friable	Procedure	X Glo	ovebag l	Procedu	re	
[[[] [[] [[] [[] [] [] [] [[] [] [] [] [ation Normally		Description of		Amount (Specify SF or	LF)	Abate	ment Ty	pe	
Containing Material (ACM) in Solely Facility (13) Staff?	by Maint./Cus	stodial	thermal system surfacing, VAT								
YES	NO	N/A	miscell.)					Rem.	Rep.	Encap	Enclose
Hall intersection @ Cafeteria & Boiler Rm	X		TSI-pipe and fittings		250 LF			X		X	
									-	-	
								75	1 1511		
Name of Reg. Waste Hauler MTM Metro Corporation	NJDEP Was 26552	ste Hauler I	D#	Cubic Yards of 20	Waste .	5/ *	Name Tullytov	of Reg. vn	Landfill		
City, State				Disp. Date			City, Sta	te			
Totowa, NJ 07512	-				6	7/17/2015		- 100	ullytown	-	
Completed by (Print or Type).	Title ·			Signature	<u>-</u>		Date				
Elizabeth Maslarkov .	Business Adr	ministrator		Elizabeth	Masla	rkov	7/09/20	15			

Date of Notification (1)		2045						er / Operator (2		020: 7			- 1,21		
Agencies Notified	7/10/2	otification			_	Address	пе рер	artifient of Hu	illali Services	(5)	5.111 15	140000			
Agencies Notined	Type IV	Otification			Street	Address					â JUL 15	AH	7: 3	7	
EPA					120 No	rth Warr	en Stre	eet		5			**	1	
DEP											£ Lice			r.	
DOL		Initial			City, St	tate & Zip	Code				+ LILEN.	Thir			
		Amended			Trento	n, NJ 08	608								
DOH		Amendme									T 1	10.00.40			
DCA		Cancellation	on		Name	of Contac	t				Tele	ephon	e Nur	nber	
	<u></u>				EAG	OII ITV	INFO	RMATION					- 170		
Name of Facility VAII	Al			(0)	ГА	JILII I	INFO		- 11						
Name of Facility When Ancora Psychiatric H			king Pi	ace (3)				Type of Facilit							
Street Address	Toopital							1	ter 8 (Other than	K-12)					
301 Spring Garden R	Poad								e., private & co		cial buildings	hom	o ot	c)	
So i Spring Garden K	Koau							Other (i.	# of Flo				ie, ei	C.)	
City (5)			_					50,000		2 2	Bidg	. Age	1950		
Hammonton, NJ 0803	37		- 3						Prior if being dem	nolished	1)		1330		
riammenton, no coo	•							Psychiatric C		101101101	7				
County (6) Camden				unty Code	(7)										
Name of Monitoring F	irm Hired	d by Buildin	g Owr	ner (8)		ASCM	No.	Name of Abat	ement Contracto	r (9)					
N/A		-	3	2 8				Synatech, Inc							
Street Address								Street Address							
City, State & Zip Code	3	- F-						829 Radio Ro City, State & Z							
ony, orate a zip oode	•								rbor, NJ 08087						
Project Manager for M	onitoring	g Firm	372	Те	ephone N	Number		Telephone Nu 609-296-6916	mber		License Numb	oer 0081	7		
Scheduled Start Date	(10)	Sche	duled	Completion	on Date (11)		Name of OSH	A Monitor						
July 22, 20					23, 2015			Synatech, Inc							
Occupancy Status Du Facility Close					Abatemer	nt		Street Address 829 Radio Ro							
Abatement P	erforme	d Outside o	f Norn	nal Hours	Ę.			City, State & Z	Zip Code						
Other - Desc	cribe:							Little Egg Ha	rbor, NJ 08087						
Facility Occu	pied Dur	ring Abaten	nent												
Scope of Work (Check	k all that	t apply)							Full Centainmen	t with N	logofiya Droop	ıro			
≥3 sf or ≤ If				\boxtimes	Renovatio	nn .			Full Containmen Mini-Enclosure		legative Plessi	lie			
>160 sf or >260	O If				Demolitio				Glovebag Proce		E only				
	0 11			ш	Demonitio				Non-Exempted(acadu	0 WF	n 2	Cut
									thod) and i	NOTI-FITABLE FIT	Juedui	C WII	ap o	Cut
Loca	ation of			Is Locati	on Norma	Illy Used		Description		T		Aba	ateme	ent T	ype
Asbestos-Contai		2000)	Solely b	y Mainten	ance or		Asbestos-Co			ount (Specify				enace .
	ABATE Facility	<u>:D</u>		Custo	dial Staff	? (12)		Material ((i.e., thermal	* * * * * * * * * * * * * * * * * * *	1 3	SF or LF)	<u> </u>		_	
E COLOR	(13)							insulation, surfa		1				En	т
	()							or other misce		1		en en	Re	cap	ncl
										1		Remova	Repair	Encapsulate	Enclosure
				Yes	No	N/A						<u>a</u>	•	ate	re
Loft Area Near Stage	e			Х				Pipe Insu	lation		40 LF	Х			\vdash
Second Loft Area Ne		e		X				Pipe Insu		-	40 LF	\hat{x}			
Basement								Pipe Insu			40LF	x			1 1
Name of Registered V	auler		NJDEP \		100	Yards o	f Waste	Name of Regist	ered La	andfill	2.5				
Synatech, Inc.				Hauler II	No. 429	4			Grows Landfil	E					
City, State						Dispos	al Date		City, State	-					
Little Egg Harbor, N.	J 08087	-				July 24	-		Morrisville, PA						
Completed By		Titl	е			Signatu	ire	11.10	.1.	Date					
Ruthetta Roots		Ad	minist	trative As	sistant	KW	they	the 400	15	7/10/20	15				

Date of Notification (1)		1		Building Ov	vner/Op	perator	(2)		554	F 15.55	wan				
7/08/15			om Tu						281	S JUL	15	£.	17:	59	
Agencies Notified Type Notification X EPA X Initial		1	treet Ad 08 par	dress rk Street					20.	47.					
DEP Amended Amendment #_				e, Zip Code air, NJ 07						& [.]	Ç.	-	NG.	- 1-	
	cluding	383	ame of	Contact ucker					Tele	ephone N	Jumba	or			
_ Serv			FACIL	ITY INFOR	MATIC	DN			_			11111			
Name of Facility Where Abatement is Taking F House	Place (3)						Тур	oe of Facility (4							
Street Address 508 Park Street							×	Subchapter Other (i.e. pretc.)	B (Othe	er than K comme	-12) rcial b	ouildi	ngs, I	nome	S,
City (5) Montclair							Sqi N/	uare Feet	# of N/A	Floors		Blo N/	dg. Aq A	je	
County (6) Essex			ounty C	ode (7) SE ONLY)			Control of the	rrent Use (Pric	r if bei	ng demo	lished)	307		
Name of Monitoring Firm Hired by Building Ov N/A	vner (8)		ASCM	No.				batement Con atement, In		(9)					
Street Address						Street 11 R		ress engren Aver	ue				40		
City, State, Zip Code						City, S	State	, Zip Code NJ 07512							
Project Manager for Monitoring Firm		Т	elephor	ne No.	0.	Teleph	hone	The control of the co		License #0067					
	Scheduled (Com	pletion [Date (11)		Name	of C	SHA Monitor		#0001			81		
	7/23/15						7.00000	atement, In	C.						
Occupancy Status During Abatement (Check						Street 11 R		iress engren Aver	ILIE.						
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe: Occupied			ent			City, S	State	, Zip Code							
					_	loto	owa,	NJ 07512						_	
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Ren Den					3	×	Full Containme Mini-Enclosure Glovebag Prod	10	n Negativ	e Pre	ssur	е		
								Non-Exempted		d Non-F	riable	Proc	edure	9	
	Is Lo	catio	on					114					Abate Ty	ment	
Location of	Nor Used S	mall				scription					-		1 9	pe	
Asbestos-Containing Material (ACM) TO BE ABATED	Mainte	enan	ice/					rial (ACM) sulation,		mount Specify		R	77	Enc	E
In Facility	Custod	ial S I2)	taff?		surfa	cing, VA	AT, c	or		F or LF)		Remova	Repair	Encapsulate	Enclosure
(13)		Vo.	N/A		otner r	niscella	neou	18)				val	=	ılate	ure
basement	1.000	X	INA		nine	insula	ation	n	2	10 LF		X			
basement	-	^			pipe	Ilisuic	atioi			10 L1		•			
											-				
		_									-				
Name of Registered Waste Hauler		N	JDEP W	/aste	Cubic	Yards		Name of	Reaist	ered Lan	dfill				
D&S Abatement, Inc.		Н	auler ID	100000000	of Wa			Waste				PA			
City, State Totowa, NJ				¥.	TBD	sal Date)	City, Star Tulltow	n, PA						*
Completed by Deanna Brkusanin	Title Project	Ма	nager		S	Signatur	e	wa R	lu	ni	Date 7/0		5		

CK 17388 16999

Date of Notification (1)					Building C			(2)							
7/08/15 Christy Kurtz Harmon Stiff (III 15 AM 7:50) Agencies Notified Type Notification Street Address															
					_{dress} thers St	reet			7. 7.		- 5/11 1	1.	Ø.3		
× EPA × DEP × DOL					e, Zip Coo			- W. W.		2 1 10	FHIL	17	- 1-		
≥ DOL	Amendment Emergency		8		n, NY 1	1211									
× DOH	justification)		1 (3)	Name of	Contact Kurtz H	armar				Teleph	ione Num	ber			
DCA	Cancellation				ITY INFO										
Name of Facility Where	Abatement is Takin	g Place (3)		FACIL	III INFO	KWATI	ON	Тур	e of Facility (4))					- 77
House									School (K-12)					
Street Address									Subchapter 8 Other (i.e. pri				inac	homo	
15 Wellesley Road								×	etc.)	W					.5,
City (5)								Squ N/A	are Feet	# of Flo	oors	10000	dg. A /A	ge	
Maplewood				D				100.001.500		-53335346	domolioh				
County (6) Essex				County C STATE U	SE ONLY)	-		Ho	ent Use (Prior use	ii being	demonsn	eu)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCM	No.		Name	of Ab	atement Contr	ractor (9)					-
N/A		3.67					D&S	Aba	tement, Inc	: .					
Street Address	7/11/12/11 / 11/11/11/11/11/11						Street			Marine C					
									ngren Aveni	ue					
City, State, Zip Code									Zip Code NJ 07512						
Project Manager for Mor	nitoring Firm			Γelephor	ne No.		Teleph 973-		No. 8685	10.000	icense No 00675).			
Start Date (10) 7/23/15		Scheduled 7/24/15	Com	pletion [Date (11)				SHA Monitor Itement, Inc	 }.		2001-4			
Occupancy Status Durin	g Abatement (Che						Street								
Facility Closed/Vac				ent			11 R	loser	ngren Aven	ue					
Abatement Perform Other – Describe:	ned Outside of Norr						250 (A) \$100 - 0		Zip Code						
							loto	wa,	NJ 07512						
Scope of Work (Check A	на гнас Арріу)	Пъ					Г	٦ -		ma dalm . N.I.	anativa D				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		0.000	nova noliti				3	× N	ull Containme Iini-Enclosure		egative P	ressur	е		
							-		lovebag Proce on-Exempted		Jon-Friah	e Pro	cedur	α.	
		Is Lo	oot:	on					on Exempted	() dila i	1011 1 1100	T	Abate	ment	
Locatio	n of	No	mall	у		De	scription	n of					Ту	pe	
Asbestos-Containing	Material (ACM)	Used Maint				os Con	taining I	Materi	al (ACM)	Amo		_		Щ	m
TO BE AB		Custoo	lial S	0.75533	(i.e.		system cing, VA			(Spe		Remova	Repair	icap	nclo
(13)	·		12)				niscella					oval	air	Encapsulate	Enclosure
		Yes	No	N/A										le	,,,,
basem	ent		Χ			pipe	insula	ation		87	LF	X			
	72														
										12.00					
Name of Registered Wa	ste Hauler		N	JDEP W	/aste		Yards		Name of F	Registere	d Landfill				
D&S Abatement, Inc	C.			auler ID 20996	No.	of Wa	ste		Waste N	/lanage	ment o	PA			
City, State Totowa, NJ	6					Dispo TBD	sal Date	e	City, State						
Completed by		Title					Signatur	9)	1	1//	. Da				
Deanna Brkusanin		Project	Ma	nager			1	DO	Elua 13	Mess	ele ?!	08/1)		

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

che 5704

Date of Notification (1)					Owner/Operator (2)	2.					
7-10-15	9			Tos	145		1815 JUL	N AM	my		_	7
Agency Notified	Type Notification		Street A	Address	11015 <	TOST		- A	1	4	F	
	2 Initial		18	5 1	1APLE S	118621						٦
□ EPA ~	☐ Amended		City, St	ate, Zip C	2000 / N =	T 0763	3/				-	
E DOL	Amendment # □ Emergency (including		EN	16154	DOD NO	3 2 3 2 3	Telephone Num	ber				
B DOH	justification)	•	Manne (Of Cottomo		-						
DCA	☐ Cancellation			TOB			-			34. E-		
	•		FACI	LITY INF	ORMATION	Type of Facility	(4)					
Name of Facility Where	Abatement is Taking Place	e (3)										1
T TOBI			2			School (K-12	Other than K-1	2)				-
Street Address	·					Other (i.e. pr	ivate & commerci	al building	ß,			1
185 MAG	OCE STREET	_			Y	homes, etc.) Square Feet	fi	Bldg. A				ㅓ
City (5)				1	24.2			2 10gL		- EE	0	2
ENGLEWO	ro()					4700	i i i i a domo	100		71	ر	4
County (6)) (STATE USE		rior if being demo	· ·				1
BERGEN			ONLY	n	94	RESIDE	ENCE		-			-
Name of Monitoring Fil	m Hired by Building Owne	r AS	CM No.		12.3	ment Contractor (-			
(8)	1986 N 35 35 35 35 35 35 35 35 35 35 35 35 35					moval In	.C		_	-		
Street Address					Street Address							
			***			th River	St		_			
City, State, Zip Code				*	City, State, Zip		07601					
)¥			* *		ack, N.J	License No.		-			
Project Manager for M	onitoring Firm	Tele	phone No	-	Telephone No. 201-329	-7/1/1/2 -	00388					
					Name of OSHA		1 00000					
Start Date (10)	Scheduled Co)	Omega	Environm	ental					
7-23-15	ring Abatement (Check on				Street Address							
			7 11		280 H	uyler St						
☐ Facility Closed/Vac	ated During Entire Period of led Outside of Normal Fact	of Abaten	nent		City State Zio	Code						
Other - Describe:	RAM 5PM	ay moun			S. Ha	ckensack	,N.J. 0	7606				
Scope of Work (Check						,	h Negative Press					
□≥3sfor≥3lf			_® Re	enovation	→ Min	i-Enclosure		*5				
23 St of ≥ 3 st 22 ≥ 160 St or ≥ 260 F			□ De	emolition	_ @ Gio	vebag Procedure	nd Non-Friable Pr	ocedure				
				T	2 1601	- Exemples () Co			A	bate		nt
		-	ocation rmally		•				-	Ty	De	
	ation of	0.5555	Solely by	4 200	Description	of	Amoun	t .	-		m	6
Asbestos-Contai	ining Material (ACM) ABATED		tenance/ stocial	Asb	estos Containing I e., thermal system	rs insulation.	(Specif	y	Removal	Ropair	Enoapsulate	nel
IN.	Facility		Seoular Staff?		surfacing, VA	T, or	SF or LI	-)	BAOL	phir	Bult	INBO
	(13)	-	(12)		Outer mascend	neous)	20 7 3		-		to	0
		Yes	No N	98					-	\vdash		
BASEMEUT			X	THE	Ringe INSC	CATION	39	2 4	X			-
10.110									-			-
								4.4	-			L
Name of Registered \	Naste Hauler		EP Wast	e Hauter	Cubic Yards of		istered Landfill					
	noval Inc	IDN		0	Waste Vini	Minerv	a Enterp	rises	5	, LI	LС	
			1710	J	2/2 /Disposal Date					-		
City, State		1601			7-24-15		sburg, 0	h. 446	588	3		
	ack , N.J. 07	DUI	<u>#/</u>		Signature	Wayiie	DDULE, U	Date				
Completed by	Title	ima+	or.		R. Veld	DAAA		7-1	6-	15		
R. VELDRAN	ESU	imat	O L	ashestos	licensure exempt							
ASB-41	LO IN	a use uli	~ rettified	2020000								

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

chest 5765

Date of Notification (1)						Owner/Operator	(2)			m - 7.	jud.		1000
7-10-20	215			Jo	M	HLIFY		9915 1111 1					
Agency Notified	Type Notification		1	Street /	Address	1		-2015 JUL 15	ATT	į.	4	3	
				40	8 N	low Roe	STREE	7840LICE					
□ EPA □ DEP	☐ Initial☐ Amended		h	CHY CH	tota 700 f	`nda		ASSIVIUS	ud.	iii	70	1	
DOL	Amendment#			LLIA	-11,=-	(STACOM)	MIT	7840LICE	HEIL	10	10	-	
	D Emergency (includ	ing	-	Mama	of Contac	+	100	Talenhone Numi	per	-			
DOH	justification)			semme.	or oother	LLFX							
D DCA	☐ Cancellation	-						1 000 -00			*		
				FACI	LITY INF	ORMATION	Type of Facility	v (A)					
	re Abatement is Taking Pl	ace (3)					Type or racing	y (~)					
I. MALLE	ΣY .				_		School (K-1	2) .					
Street Address	1				***	;	Subchapter	8 (Other than K-12) crivate & commercial	l buildin	en en			
408 May	ROE STREET				94 72	/	homes, etc		1 Presentiti	90,			
City (5)	7000 017001 1				141	72.2		# of Floors	Bldg.	Age	9		
E CONTROL						******	1500.	2	115	FY	125	5	
HACKETIS	1000			0	-0-4-6) (STATE USE		Prior if being demolis		/			_
County (6)				ONLY		(STATE OSE							
WARREN			i_		31.5.		RESID						
	irm Hired by Building Own	ner	ASCM	No.		Name of Abaten	nent Contractor	(9)		2			
(8)						Best Rei	moval Ir	ıc					Selected
Street Address						Street Address					38	77.	
				50		450 Sou	th River	- St					
City, State, Zip Code						City, State, Zip C				-			
	ą.					Hackensa	ack. N.J	07601					
Project Manager for M	Annitoring Firm	T	lanhar	ne No.		Telephone No.		License No.		_		_	
riojeca manageriorii	i i i i i i i i i i i i i i i i i i i	1 **	-icpiroi	10 110.		201-329-	-7/1/1/h -	00388					
						Name of OSHA		00300		_	_		
Start Date (10) 7-20-201	Scheduled (
				5		1	Environm	lental					
Occupancy Status Du	iring Abatement (Check or	nly one)				Street Address							
☐ Facility Closed/Vac	ated During Entire Period	of Abat	ement				ıyler St						
	ned Outside of Normal Fac		urs			City, State, Zip C		NT T 0.7					
- Other - Describe:	8×M 5PM	9				S. Had	ckensack	,N.J. 07	606			_	_
Scope of Work (Check	k all that apply)				12		Containment will	h Negative Pressure					
■≥3sfor≥3lf			_		ovation '		Enclosure						
□ ≥ 160 sf or ≥ 260 lf				□ Den	notition	Glove	ebag Procedure	nd Non-Friable Proce	n eferma				
					T	U NOR-	Exempled (*) air	IN NON-FIREDRE FIOC	nuise	A	bate	me	nt
		100	Locati								Ty	ре	
	ation of	The company	d Sole	•		Description of	of						
	ning Material (ACM)	Ma	intenar	nce/	A (****)	stos Containing Ma		Amount		æ		Encapsulate	m
	Facility	Ġ	ustodi		(Le	thermal systems surfacing, VAT		(Specify SF or LF)		em	Rophir	dec	100
1	(13)	i	(12)			other miscellane		-		Removal	1	Bulle	Enclosure
		-			1			32 h		_		10	0
		Yes	No	N/A									_
BASEMENT				X	THER	mite in suc	4710 N	185	LF	X	- 1		- 1
		T						25	4'4'				,
					 						1		
Name of Registered V	Vaste Hauler	NI	DEPIA	Vaste H	fauter	Cubic Yards of	Name of Reci	stered Landfill					-
	noval Inc	1	No.	ease I	A U(C)	Waste					T -	_	
Desc Kell	TO A CET THE			109		14405	Minerva	a Enterpri	Lses	,	لمال	ı,C	
City, State						Disposal Date	City, State						
	ck , N.J. 07	7601	-			7-21-15	1 .	sburg, Oh,	446	22			
Completed by	- Title	001	-			Signature	1 "dylle		Date	00			-
E 12.2 12.0	1	ima:	- 0 -			R. Veldr	6.0	1	7-1	0.	15	_	
R. VELDRAN	ESL	imat	UL			K. V.eval	sis (6 1		10		1

NO CK

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

A'STOFO

Date of Notification (1) July 10, 2015		10000		Building O Auto S	ACCOUNTS (1900) ACCOUNTS (1900)			9815 11	, Ch	eck # N/ 5 #M	Α			
Agencies Notified Type Notification		100	Street Ad 12800	dress Tuckaho	e Cree	ek Parl	kway	- CB 13 - J (12-1	HA C	1. 22			
EPA Initial DEP Amended Amendment #				e, Zip Coo ond, VA				ě.	71 12 10		KOI			
Emergency (ir justification) DCA Emergency (ir justification) Cancellation	ncluding	1000	Name of Heath I	Contact Kennedy	′				Tele	phone Nur	mber			
			FACIL	ITY INFO	RMATIC	N	_							
Name of Facility Where Abatement is Taking The Quality Inn	Place (3)						-	of Facility (4)						
Street Address							□ S	chool (K-12 Subchapter 8	(Othe	er than K-1	2)	**********	•	
531 Route 38 West								other (i.e. pri tc.)	vate 8	k commerci				es,
City (5) Maple Shade							Square 100,0		3	Floors	100000	dg. A 00	ge	
County (6) Burlington			County C STATE U	ode (7) SE ONLY)				nt Use (Prior Int Hotel/F						
Name of Monitoring Firm Hired by Building O Dynamic Engineering Consultants,			ASCM	No.				ement Contri		30-30				
Street Address 1904 Main Street					-		Addres	s Avenue	201					
City, State, Zip Code						City, S	tate, Zij	p Code de, NJ 08	052					
Lake Como, NJ 07719 Project Manager for Monitoring Firm			Telephor	ne No.			one No		1002	License N	lo.			
Mark Whitaker			908-87	9-7095		856-7	755-00	099		00842				
	Schedule July 17,			Date (11)	h .			IA Monitor oratories, I	nc.					
Occupancy Status During Abatement (Check	Only One	e)					Addres							
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm	eriod of A	batem	ent				rfield \	vvay p Code	-					
Abatement Performed Outside of Norm Other – Describe:	ai Facility	nours						E 19713						
Scope of Work (Check All That Apply)	_				edesii Suulei	I To	7		241007474	** ** ** ** * * * * * * * * * * * * *				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	The state of the s	enova emoliti				Ŷ	Min Glo	Containme i-Enclosure vebag Proce -Exempted	edure	15.			- Δ	
		14					1401	I-Exempted	() ai	d North Ha	1		emen	t
Location of	N	Locati Iormal	ly		Des	scription	of					Т	/pe	
Asbestos-Containing Material (ACM)		d Sole ntenar			os Cont	aining N	/laterial	(ACM)		mount Specify	77		m	_ m
TO BE ABATED In Facility	Cust	odial S (12)	Staff?	(I.e.		cing, VA	T, or	ition,		or LF)	Remova	Repair	caps	Enclosure
(13)	Yes	No No	N/A		other n	niscellar	neous)				oval	air	Encapsulate	sure
Building A		XXX	3000000	Te	extured	d Ceilir	ng Pai	int	30,	800 SF	X			
Buildings A & B		XXX	-		ipe Fitt		-	S-1004		80 LF	X			
Building A Business Center		XXX			FI	oor Til	е		5	00 SF	Х			
Buildings A & B	_	XXX			Mirr	or Mas	stic		18	800 SF	Х			
Name of Registered Waste Hauler			JDEP W	/aste	100000000000000000000000000000000000000	Yards		Name of F	Regist	ered Landfi	II			
Jack Robinson Waste Disposal		15190	lauler ID 7304	No.	of Was			G.R.O.V	V.S.	North La	ndfill			
City, State Voorhees, NJ				¥8	Dispos 7/17/2	sal Date 2015		City, State Morrisvi		PA				
Completed by Christina Lynch	Title Opera	ation	s Mana	iger	S (ignatur	m	QQ		1000	ate 7/10/2	015		

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility			Jsed Solely odial Staff?	Description of Asbestos Containing Material (ACM)	Amount (Specify SF or LF)	Removal
,	Yes	No	N/A			
Buildings A & B		X		Façade Support Sealant	280 SF	X
Building A		X		Mechanical Flashing	100 SF	X
Buildings A & B (Exterior Roof Areas)		X		Vent Sealant	25 SF	X

2015 JUL 15 AM 7: 32

Date of Notification (1)			N	ame of Bu Blooming	iilding Owi gdale Bo	ner/Op ard o	erator (2 of Educ	e) ation			-				
Agencies Notified	Type Notification			treet Addr 225 Gler	ess wild Av	enue			2.	615 J	UL 15 A	H 7:	Co.		
EPA DEP DOL	Initial Amended Amendment #				Zip Code gdale, N		103			37.	1031		- 0		
DOH DCA	Emergency (ir justification) Cancellation	ncluding		lame of Co George						Tele	phone Numb	ef n	-		
7 000			-	FACILIT	TY INFOR	MATIC	N		E 104 (4)						_
Name of Facility Where A Martha B. Day Scho Street Address		Place (3)						× Sc Su Ot	her (i.e. pri) (Othe	r than K-12) commercial	buildin	igs, h	omes.	
225 Rafkind Road							-	Square		# of	Floors	Bld	g. Age	9	
City (5) Bloomingdale								60,00	0	2	ng demolishe	63			
County (6)			15	County Co	ide (7) SE ONLY)			Schoo		i Dou	·9				
Passaic				31.0			Name		ment Cont	ractor	(9)				
Name of Monitoring Firm R.K. Occupational	n Hired by Building (&Environmental	owner (8) Analysis,I	nc.	0090	No.		Bako	Const	truction 8	& Res	toration, I	nc.			
Street Address 403 St. James Ave	enue						265		46 Ste 3	D					
City, State, Zip Code Phillipsburg, NJ 08							Toto		07512						_
Project Manager for Mo Patrick D. McGuin	nitoring Firm			Telephone			973	one No. 256 70	10		License No 00666	o. 			
Start Date (10)		Scheduled 07/16/15		mpletion D	ate (11)		Name	of OSH	A Monitor	& Res	storation,	Inc.			
07/14/15 Occupancy Status Duri	na Abatament (Cher							Address							
_				nont			265	Route	46 Ste 3	3D					_
Facility Closed/Va Abatement Perform Other – Describe:	cated During Entire med Outside of Norr	nal Facility H	lour	S		_		State, Zipowa, N	Code J 07512						
Scope of Work (Check			-				1								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Secretarily 1		ation ition				Min	i-Enclosur	e cedure	h Negative F			3	
				1					PEACHING	0 () 0.	10 11011	1	Abate	ment	
				tion									Ту	pe	
Locati Asbestos-Containir TO BE A In Fa (13	ng Material (ACM) BATED cility	Used Main Custo	ntena dial (12)	ely by ance/ Staff?	Asbest (i.e.	tos Cor therma surf	escription ntaining al system facing, V miscella	Material ns insula AT, or	(ACM) ation,		Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Liidosaia
		Yes	No	N/A		1	Jalian	Doord			20 SF	X			
Boiler	Room	×		-		Inst	ulating	Board			20 01				
				1		10.1	ic Yards		Name	f Renis	itered Landf	ili			
Name of Registered V Bako Construction		Inc.		NJDEP V Hauler ID 20889			vaste .		G.R.C						
City, State				20000		Disp	oosal Da 16/15	te	City, Sta Morris		PA				
Totowa, NJ Completed by		Title	oi s	Annan		1	Signatu	ire 1/2	5750	K) 27/10/	15	-	
Goran Kojic		Proje	CL	Manager				<		τ	1				_

NO CK

Date of Notification (1)						Building On N TECHNO				5		
5 / 21 /15					et Add				5515	17.11		
Agencies Notified Type No						iress H AVENUE	EAST		2 tr 14	JUL	J	AH ID:
DEP Am	tial Notifica nended Notif ncellation		n	City, CRA	State NFOF	, Zip Code RD, NEW J		07016		41.1		
	Hold #5 ERGENCY	N		RICH	HARD	ontact SMITH			Telephone	Number		
Name of Facility Where Abatement	is Taking D	laca /	FA	CILITY INFO	DRMA	TION	I= .					
rame of raomy where Abatement	is raking r	iace	3)					Facility hool (K-				
ERICSSON LABS							Su	bchapte	r 8 (Other th	an K-12)	1-	
Street Address								e Feet	rivate & con # of Floc	nmci, bio		omes, e
1 ERICSSON DRIVE							70,		2	,,,,		4
City (5)	unty (6)			Coun	ity Co	de (7)	Current	Use (Pric	or if being de	emolishe		
	DLESEX			(STATE	EUSE	ONLY)		RCIAL C			-/	
Name of Monitoring Firm Hired by E ENVIRONMENTAL TACTICS INC.	Building Ow	ner (8)		AS	SCM No. 17			nent Contra		ION	
Street Address							Street A	F177 1 7 7 7 7 7 1				
200 (CO 120 (C	BROAD STREET /, State, Zip Code								CK ROAD			
	N NEW IE	DOEN	/ 0774	7			City, Sta					
	IN, INEVV JE								YORK 109			
THOMAS GEIGER	MATAWAN, NEW JERSEY (oject Manager for Monitoring Firm Telep OMAS GEIGER 732-2							ne Numb		License I	Numb	er
Expected Start Date (10)	OMAS GEIGER 732-29							-7500 OSHA N		460		
5 / 20 / /15			9 /	30/	1)	15			ONMENTAL			
Month Day Year		onth		Day		Year	GO/ILI		OMMENTAL	-		
Occupancy Status During Abatement (Facility Closed/Vacated Du Abatement Performed Outs X Other - Describe Monday-S	iring Entire f side of Norm	Period	cility H	lours - Descr	ibe: ay 7ar	m-3:30pm	Street Ad 1376 RO City, Stat	UTE 9 W				
Scope of Work (Check all that apply) Demolition >3SF OR LF X >160 SF OR	29 32 20 2	ovatio			X		inment w	WAPPIN vith Nega	GERS FALI		2590	
Location of	Is	Loca	ition			otion of Asb		20.		Aba	teme	nt Type
Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Mai	solely nt/Cu: Staff (stodial	ins	(ie. T sulatio	ing Materia hermal syston, on, surfacing er miscellan	tems g, VAT,		Amount (Specify SF or LF	REMOVAL	REPAIR	ENCLOSURE
2ND FLOOR -NORTH EAST AREA			x	VAT & MAS	STIC				10,000,00	V	1	I.M.
BASEMENT- BREAK ROOM			X		00/10/0				10,000 SF	X	+	
2ND FLOOR NORTHEAST AREA		-		VAT & MAS					525 SF	X	+	
		-	X	PIPE FITTIN					70 LF	X	-	
1ST FLOOR MER ROOM 3-1		-	X	PIPE FITTIN					I LF	Х	_	
1ST FLOOR MER 1 ADDITION TO SCOPE:			X	PIPE FITTIN	VGS			1	4 LF	X		
		-										
1st FLOOR MER 1		-	X	PIPE FITTIN	NGS			1	0 LF	X	_	
Name of Registered Waste Hauler DJM TRANSPORT , LLC	aste No.	Cubic Yards	80		GROWS	LANDFIL	ed Landfill L					
City, State KEARNEY, NEW JERSEY				Disposal Da			City, State	1/1/	/			
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTOR	2 05	OPER		Signat		MORRISA	X X	D	ate	121	1/5
TO THE PART OF THE	PINECIO	ı UF	OFER	ATTUN5			/)	()/))	2/	- 1	1-1

Date of Notification (1)						uilding Ov N TECHNO		perator (2)			
5 / 19 /15 Agencies Notified Type Notific	ation	-110-10-54		Street 530 St		ress H AVENUE	EAST	Г				
	Notificat	ion				Zip Code	1000000					
	ded Notific		#4			D, NEW J	ERSE	Y 07016				
X DOL Cance	ellation											
X DOH On Ho				Name	of C	ontact			Telephone Nur	nber		
DCAEMER	RGENCY I	4		RICHA	ARD	SMITH			1			
			17.1.4.1.4.1.	CILITY INFOR	RMA	TION						
Name of Facility Where Abatement is	Taking Pl	ace (3	3)				Туре	of Facility				
ERICSSON LABS							-	School (K	·12) er 8 (Other than I	Z 10\		
ENIOSSON EADS							X		private & commo	500	is ho	l mes et
Street Address							0.00	uare Feet	# of Floors		Bldg.	
1 ERICSSON DRIVE							'	70,000	2		44	
City (5) Coun				Count	-				or if being demo	lished)	
	LESEX			(STATE				MERCIAL				
Name of Monitoring Firm Hired by Bui	lding Ow	ner (8	()		AS	SCM No. 17	1000		ment Contracto		ON	
Street Address						17	_	t Address	MENTAL CORPO	JNAII	ION	
64 BROAD STREET								SPOOK RC	CK ROAD			
City, State, Zip Code							City,	State, Zip (Code			
MATAWAN	NEW JE	RSEY	07747	7			SUFF	FERN, NEV	V YORK 10901			
Project Manager for Monitoring Firm		Tele	phone	Number			Telep	hone Num	ber Lice	ense N	lumb	er
THOMAS GEIGER			290-2					369-7500	460	0		
Expected Start Date (10)	Sch			tion Date (11	1)	4.5		e of OSHA				
5 / 20 / /15 Month Day Year	M	onth :) /	30/ Day		15 Year	QUAI	LITY ENVI	RONMENTAL			
Occupancy Status During Abatement (C	neck only	one)					Stree	t Address				
Facility Closed/Vacated Durin							1376	ROUTE 9	W			
Abatement Performed Outsic												
X Other - Describe Monday-Sa	urday 5pn	n-1am	/Satur	day & Sunda	ıy 7ar	m-3:30pm	City,	State, Zip (Code NGERS FALLS,	NIV 10	2500	
Scope of Work (Check all that apply)				Г		Full Conta	l ainmer		gative Pressure		2330	1
	X Ren	ovatio	n			Mini-Enclo	ξ,		•			
>3SF OR LF				×		Glovebag I						
X >160 SF OR	- 1 .					Non-Friabl						
Location of Asbestos-containing		Loca mally				ption of Asl ing Materia			Amount		H	nt Type
Material (ACM)	11	solely		10000000		hermal sys	Car against anni	*1)	(Specify	REMOVAL	REPAIR	NO.
TO BE ABATED	Mair	nt/Cus	todial			on, surfacir			SF or LF)	0	A R	[5]
in Facility (13)		Staff (01	r oth	er miscellar	neous)			P		NCLOSURE
CND FLOOR MODELLEAST AREA	Yes	INO	N/A								╁	m
2ND FLOOR -NORTH EAST AREA	_	-	X	VAT & MAS					10,000 SF	X	+	
BASEMENT- BREAK ROOM		-	X	VAT & MAS	TIC				525 SF	X	-	
2ND FLOOR NORTHEAST AREA		_	X	PIPE FITTIN	IGS				70 LF	X	_	
1ST FLOOR MER ROOM 3-1			X	PIPE FITTIN	NGS				4 LF	X		
1ST FLOOR MER 1			X	PIPE FITTIN	NGS				14 LF	X		
ADDITION TO SCOPE:												
1st FLOOR MER 1			X	PIPE FITTIN	IGS		10000-0000		10 LF	X		
	- 1											
Name of Registered Waste Hauler	NJD	EP W	aste	Cubic Yards	of W	aste			ered Landfill			-
DJM TRANSPORT , LLC	Haul	er ID			80		GRO	WS LANDE	FILL			1
City, State		2698	1	Diepose! D-	to		25	2 State				
KEARNEY, NEW JERSEY				Disposal Dat 1/16-5/30/20		1	MOR	RISVILLE,	PA	255F	1	
	Γitle				Signa	ture //	X		Date	1	10	17:
BENJAMIN SANCHEZ	DIRECTO	R OF	OPER		1-	XV	()			2/1	11	15

•			MOITA	tate of New Jersey								
		(Purs	uant to	NJAC 8:60-7 and 12:120-7 Name of Building Ow				-				
Date of Notification (1)				ERICSSON TECHNO								
Fee Control				Street Address								
3 / 9 /15 Agencies Notified Type Notification				530 SOUTH AVENUE	EAST							
J					EAST							
EPA Initial Noti				City, State, Zip Code CRANFORD, NEW J	EDSEV 07016							
DEP Amended N X DOL Cancellatio		IOH		CRANFORD, NEW 3	ENSET OTOTO							
X DOH X On Hold		#3		Name of Contact		Telephone Nu	mber	- 101 15				
DCA EMERGEN	ICY N			RICHARD SMITH								
			FAC	ILITY INFORMATION								
Name of Facility Where Abatement is Taking	g Place	(3)			Type of Facility							
					School (K-1	00.00						
ERICSSON LABS						8 (Other than	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	14				
Street Address					X Other (ie. p Square Feet	rivate & commo		, home				
1 ERICSSON DRIVE					70,000	2	1 '	31ag. 7 44	-			
City (5) County (6	}		Т	County Code (7)	Current Use (Price	E	lished)	5.5				
MIDDLESEX MIDDLESS	and the second			(STATE USE ONLY)	COMMERCIAL							
Name of Monitoring Firm Hired by Building	0.751274	(8)		ASCM No.	Name of Abaten	nent Contracto	or (9)					
ENVIRONMENTAL TACTICS INC.		20 50		17	PAR ENVIRONM	MENTAL CORF	ORATIO	N				
Street Address					Street Address	OK DOAD						
64 BROAD STREET	20000 200				313 SPOOK RO							
City, State, Zip Code MATAWAN, NE	W.IFR	SEY	7747		City, State, Zip C SUFFERN, NEW							
Project Manager for Monitoring Firm				Number	Telephone Numb		cense Ni	umber	-			
THOMAS GEIGER	- 1		90-22		845-369-7500	46	50					
Expected State Date (10)				on Date (11)	Name of OSHA Monitor							
1 / 16 / /15	TO TO TO THE CONTROL OF THE CONTROL											
Month Day Year	Mor			Day Year	4							
Occupancy Status During Abatement (Check of Facility Closed/Vacated During Ent Abatement Performed Outside of N X Other - Describe: Monday-Saturda	tire Perio Iormal F	od of a	Hour	s - Describe:	Street Address 1376 ROUTE 9 V							
Scope of Work (Check all that apply)	y opin-i	an b	atarac			INGERS FALL		590				
Demolition X	Renov	ation		Mini-Encl	os,							
>3SF OR LF					Procedure							
X	T		Jan C		le Procedure	Г	Las					
Location of		Locati nally u	200	Description of As Containing Materi		Amount	-	-	nt Type			
Asbestos-containing Material (ACM)		olely b		(ie. Thermal sy		(Specify	REMOVAL	REPAIR	ENCLOSURE			
TO BE ABATED		t/Cust	The second	insulation, surfac		SF or LF)	0	AIR	0			
in Facility (13)	St	aff (1	2)	or other miscella			AL.		SUF			
de de M	Yes	No	N/A						Ã			
2ND FLOOR -NORTH EAST AREA			X	VAT & MASTIC		10,000 SF	X					
ZIND FLOOR -NORTH EAST AREA	+			VALG WAG IIO				1				
BASEMENT- BREAK ROOM			X	VAT & MASTIC		525 SF	X	-				
						115	120	-	-			
1ST FLOOR MER ROOM 3-1	-		X	PIPE FITTINGS		4 LF	X	+-				
	1					-	-	-				
ADDITION TO SCOPE:	-					-	-	+				
ACT ELOOP MED A	+-		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	DIDE EITTINGS		14 LF	X	+				
1ST FLOOR MER 1	+-		X	PIPE FITTINGS		19 67	^	+				
2ND FLOOR NORTHEAST AREA	+		X	PIPE FITTINGS		70 LF	X	1				
2NO FLOOR NORTHEAST AREA	+-		^	I I I I I I I I I I I I I I I I I I I		1		1				
	+											
7												
Name of Registered Waste Hauler DJM TRANSPORT , LLC	Haule	P War ID N 2698	No.	Cubic Yards of Waste 80	Name of Register							
City, State				Disposal Date	Gity States	essen			-			
KEARNEY, NEW JERSEY				1/16-5/30/2015	MORRISVILLE,	T-	1	1	1,-			
Completed by (Print or Type) Title		205	OPER	Signature	100		考/	11	15			
BENJAMIN SANCHEZ DIF	ECIO	T UF	UPER	ATIONS /			1	//	-			

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) Date of Notification (1) ERICSSON TECHNOLOGIES INC. /15 Street Address Agencies Notified Type Notification 530 SOUTH AVENUE EAST EPA Initial Notification City, State, Zip Code DEP Amended Notification #2 CRANFORD, NEW JERSEY 07016 DOL Cancellation DOH On Hold Name of Contact Telephone Number DCA EMERGENCY N RICHARD SMITH **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) **ERICSSON LABS** Subchapter 8 (Other than K-12) Other (ie. private & commol. bldgs., homes, etc.) Street Address Square Feet # of Floors Bldg. Age 1 ERICSSON DRIVE 70,000 11 City (5) County (6) County Code (7) Current Use (Prior if being demolished) MIDDLESEX **MIDDLESEX** (STATE USE ONLY) COMMERCIAL OFFICE Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) ENVIRONMENTAL TACTICS INC. PAR ENVIRONMENTAL CORPORATION 17 Street Address Street Address 64 BROAD STREET 313 SPOOK ROCK ROAD City, State, Zip Code City, State, Zip Code MATAWAN, NEW JERSEY 07747 SUFFERN, NEW YORK 10901 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number THOMAS GEIGER 732-290-2217 845-369-7500 Expected State Date (10) Sched. Completion Date (11) Name of OSHA Monitor 1 / 16 / /15 5/ 30/ 15 QUALITY ENVIRONMENTAL Month Day Year Month Day Year Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 1376 ROUTE 9 W Abatement Performed Outside of Normal Facility Hours - Describe: Other - Describe: Monday-Saturday 5pm-1am/Saturday & Sunday 7am-3:30pm City, State. Zip Code WAPPINGERS FALLS, NY 12590 Scope of Work (Check all that apply) Full Containment with Negative Pressure Demolition Renovation Mini-Enclos, >3SF OR LF Glovebag Procedure >160 SF OR Non-Friable Procedure Location of Is Location Description of Asbestos-Abatement Type Asbestos-containing normally used Containing Material (ACM) Amount REMOVAL REPAIR ENCLOSURE Material (ACM) solely by (ie. Thermal systems (Specify TO BE ABATED Maint/Custodial insulation, surfacing, VAT, SF or LF) in Facility (13) Staff (12) or other miscellaneous) Yes No N/A 2ND FLOOR -NORTH EAST AREA VAT & MASTIC 10,000 SF BASEMENT- BREAK ROOM X VAT & MASTIC 525 SF 1ST FLOOR MER ROOM 3-1 PIPE FITTINGS 4 LF ADDITION TO SCOPE: 1ST FLOOR MER 1 X PIPE FITTINGS 14 LF X 2ND FLOOR NORTHEAST AREA PIPE FITTINGS 70 LF Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Waste Name of Registered Landfill DJM TRANSPORT, LLC Hauler ID No. GROWS LANDFILL 26981 City, State Disposal Date KEARNEY, NEW JERSEY 1/16-5/30/2015 Completed by (Print or Type) Signature BENJAMIN SANCHEZ DIRECTOR OF OPERATIONS

ERICSSON DRIVE	i a	NO	DTIFICATIO		ESTOS ABATEM					
Street Address Signacies Notified FPA			(Fursuarit	Nam	e of Building Ov	wner/Operator (2)			77.12	
Control Cont	Date of Notification (1)			ERIC	SSON TECHNO	DLOGIES INC.				
EPA DEPP INITIAL Motification #1 Cancellation #1 Cancellation #1 Cancellation #1 Cancellation				Stree	et Address					
DEP Concellation On Hold Conce	3 <u></u>	cation		530	SOUTH AVENUE	EEAST				
Married Foundation										
Marrier of Confact Telephone Number Telephone			ition #1	CRA	NFORD, NEW .	JERSEY 07016				
DCA EMERGENCY N RICHARD SMITH				Name	e of Contact		Telephone Nu	mber		
Varies of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) S	DCA EME	RGENCY N		RICH	HARD SMITH			111001		
School (A-12) Subchapper 9 (Other Ithan K-12) Subchapper 9 (Ot				CILITY INFO	PRMATION					
Substaplage	Name of Facility Where Abatement is	Taking Place	e (3)							
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NAME			r (2)	(STAT				- (0)		
Street Address 313 SPOOK ROOK ROAD 2007, State, Zip Code 2007, State,	ENVIRONMENTAL TACTICS INC.	any owne	, (0)						ON	
City, State, Zip Code MATAWAN, NEW JERSEY 07747 City, State, Zip Code SUPFERN, NEW YORK 10901 Telephone Number Telephone N	Street Address							2.07111		
MATAWAN, NEW JERSEY 07747 SUFFERN, NEW YORK 10901 Telephone Number Telep	64 BROAD STREET									
Telephone Number Telephone N		NEW IER	SEY 07747							
THOMAS GEIGER		4, 1424 521						cense N	umbe	r
Expected State Date (10) 1 / 16 / 7/15	THOMAS GEIGER					1			arribo	100
Month Day Year Month	Expected State Date (10)	Sche	d. Complet	ion Date (1	1)					
Street Address Stre			1000			QUALITY ENVIR	CONMENTAL			
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: City				Day	Year	Street Address				
City, State, Zip Code WAPPINGERS FALLS, NY 12590 WAPPINGERS FALLS, NY 12590 Work (Check all that apply) Demolition				ment			N			
WAPPINGERS FALLS, NY 12590					e:					55-5
Scope of Work (Check all that apply) Demolition Sas F or R LF Sas F or	X Other - Describe: MON	DAY -SATU	RDAY 5PM	-1AM				- NIV 40	500	
Demolition > 3SF OR LF X > 160 SF OR Location of Asbestos-containing Material (ACM) Asbestos-containing Material (ACM) TO BE ABATED Main/Voustodial insulation, surfacing, VAT, or other miscellaneous) Property of the	Scope of Work (Check all that apply)				X Full Cont				2590	
X >160 SF OR		X Renov	vation		Mini-Enclo	DS ,				
Location of Asbestos-containing Material (ACM) and the first (ACM) to BABATED Maint/Custodial Staff (12) and the first (13) and the first (14) and the first (15) and										
Asbestos-containing Material (ACM) TO BE ABATED in Facility (13) PARISHED In Facility (13) Assembly (12) Yes No N/A And N/A And N/A And N/A CONTaining Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous) And N/A		1-	Lastina			Sin Silver	I	1	7	
Material (ACM) TO BE ABATED in Facility (13) Solety by Maint/Custodial Staff (12) Yes No N/A PND FLOOR -NORTH EAST AREA X VAT & MASTIC SASEMENT- BREAK ROOM X VAT & MASTIC ST FLOOR MER ROOM 3-1 X PIPE FITTINGS 4 LF X PIPE FITTINGS AUDITOR MER ROOM 3-1 AUD		1			0.5		Amount	-		-
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Staff (12)	TO BE ABATED	Main	it/Custodial	i				VO	AIR	0
ASSEMENT- BREAK ROOM X VAT & MASTIC S25 SF X ST FLOOR MER ROOM 3-1 X PIPE FITTINGS 4 LF X Name of Registered Waste Hauler DJM TRANSPORT, LLC City, State (EARNEY, NEW JERSEY Completed by (Print or Type) Title X VAT & MASTIC 10,000 SF X VAT & MASTIC 525 SF X Name of Registered Landfill GROWS LANDFILL Date / 16-5/30/2015 My Brishlike, PA Date / 16-5/30/2015 Signature Date / 16-5/30/2015	in Facility (13)	_	1		or other miscella	aneous)	İ	AL.		SUR
SASEMENT- BREAK ROOM X VAT & MASTIC 525 SF X ST FLOOR MER ROOM 3-1 X PIPE FITTINGS 4 LF X VAT & MASTIC 525 SF X PIPE FITTINGS 4 LF X VAT & MASTIC ST FLOOR MER ROOM 3-1 X PIPE FITTINGS 4 LF X VAT & MASTIC ST FLOOR MER ROOM 3-1 X PIPE FITTINGS 4 LF X VAT & MASTIC ST FLOOR MER ROOM 3-1 X PIPE FITTINGS 4 LF X VAT & MASTIC ST FLOOR MER ROOM 3-1 X PIPE FITTINGS 4 LF X VAT & MASTIC ST FLOOR MER ROOM 3-1 X PIPE FITTINGS 4 LF X VAT & MASTIC ST FLOOR MER ROOM 3-1 X PIPE FITTINGS 4 LF X VAT & MASTIC ST FLOOR MER ROOM 3-1 X PIPE FITTINGS 4 LF X Date (17) ST FLOOR MER ROOM 3-1 X PIPE FITTINGS 4 LF X PIPE FITTINGS 5 ST A PIPE		Yes	NO N/A					-	4	m
Name of Registered Waste Hauler DJM TRANSPORT , LLC Dity, State KEARNEY, NEW JERSEY Disposal Date EVERANCE (Completed by (Print or Type) Date / Date	2ND FLOOR -NORTH EAST AREA		X	VAT & MA	STIC		10,000 SF	X		
Name of Registered Waste Hauler DJM TRANSPORT , LLC Dity, State KEARNEY, NEW JERSEY Disposal Date EVERANCE (Completed by (Print or Type) Date / Date	BASEMENT- BREAK ROOM		Y	VAT & MA	STIC		525 SE	V		
Name of Registered Waste Hauler DJM TRANSPORT , LLC City, State KEARNEY, NEW JERSEY Completed by (Print or Type) Name of Registered Landfill Bo GROWS LANDFILL GROWS LANDFILL Disposal Date 1/16-5/30/2015 MORRISVILLE, PA Date / 1/16-5/30/2015				TATE OF TATE	0.110		020 01	1^	+	-
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DJM TRANSPORT , LLC										
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DJM TRANSPORT , LLC									1	
DJM TRANSPORT , LLC									1	
26981				Cubic Yard						
City, State Disposal Date MORKISVILLE, PA Disposal Date 1/16-5/30/2015 MORKISVILLE, PA Date/ 26/19	DUN I RANSFORT, LLC	The section of the section of			80	GROVS LANDE	ILL			
KEARNEY, NEW JERSEY 1/16-5/30/2015 MORKISVILLE, PA Completed by (Print or Type) Title Signature Date 1/20/10	City, State			Disposal D	ate	City/State//				
	KEARNEY, NEW JERSEY	T===			2015	MORKISHILE,		/	/	/
	Completed by (Print or Type) BENJAMIN SANCHEZ		OF OPED	ATIONS	Signature	XXI	Da	ate//.	79	115

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) Date of Notification (1) ERICSSON TECHNOLOGIES INC. /15 Street Address 2815 JUL 15 AM 10: 26 Agencies Notified Type Notification 530 SOUTH AVENUE EAST EPA Initial Notification City, State, Zip Code DEP Amended Notification CRANFORD, NEW JERSEY 07016 DOL Cancellation DOH On Hold Name of Contact Telephone Number DCA EMERGENCY N RICHARD SMITH FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) **ERICSSON LABS** Subchapter 8 (Other than K-12) Other (ie. private & commol. bidgs., homes, etc.) Street Address Square Feet # of Floors 1 ERICSSON DRIVE Bldg. Age 70,000 2 City (5) 11 County (6) County Code (7) Current Use (Prior if being demolished) MIDDLESEX MIDDLESEX (STATE USE ONLY) COMMERCIAL OFFICE Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) ENVIRONMENTAL TACTICS INC. PAR ENVIRONMENTAL CORPORATION 17 Street Address Street Address 64 BROAD STREET 313 SPOOK ROCK ROAD City, State, Zip Code City, State, Zip Code MATAWAN, NEW JERSEY 07747 SUFFERN, NEW YORK 10901 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number THOMAS GEIGER 732-290-2217 845-369-7500 Expected State Date (10) Sched. Completion Date (11) Name of OSHA Monitor 16 / /15 5 / 30/ 15 QUALITY ENVIRONMENTAL Month Day Year Month Day Year Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 1376 ROUTE 9 W Abatement Performed Outside of Normal Facility Hours - Describe: Other - Describe: MONDAY-FRIDAY 5PM-1AM City, State, Zip Code WAPPINGERS FALLS, NY 12590 Scope of Work (Check all that apply) Full Containment with Negative Pressure Demolition Renovation Mini-Enclos. >3SF OR LF Glovebag Procedure >160 SF OR Non-Friable Procedure Location of Is Location Description of Asbestos-Abatement Type Asbestos-containing normally used Containing Material (ACM) Amount REMOVAL Material (ACM) REPAIR ENCLOSURE solely by (ie. Thermal systems (Specify TO BE ABATED Maint/Custodial insulation, surfacing, VAT, SF or LF) in Facility (13) Staff (12) or other miscellaneous) Yes No N/A 2ND FLOOR -NORTH EAST AREA VAT & MASTIC 10,000 SF BASEMENT- BREAK ROOM VAT & MASTIC 525 SF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Waste Name of Registered Landfill DJM TRANSPORT, LLC Hauler ID No. 80 GROWS LANDFILL 26981 City, State Disposal Date KEARNEY, NEW JERSEY 1/16-5/30/2015 VILLE PA Completed by (Print or Type) Signature BENJAMIN SANCHEZ Date DIRECTOR OF OPERATIONS

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7)

CK 27994

Date of Notification (1)						s of Building Ov SSON TECHNO	vner/Operator (2) LOGIES INC.				0 es	
7 / 14 /15						t Address		2E15 1111	15-			
Agencies Notified Type Noti	ification				530 S	SOUTH AVENUE	EAST	EETS JUL	10 /	11	D:	54
DEP X Am	ial Notif ended N ncellation	Votifica		#6		State, Zip Code NFORD, NEW J	ERSEY 07016	ACHEET & LI	i. Pirili	1:12		OL.
	Hold ERGEN	CY N			3	e of Contact ARD SMITH		Telephone I	Number	. : (.1	
				FAC	ILITY INFO	RMATION						
Name of Facility Where Abatement i	s Takin	g Pla	ce (3)	1115 7213/60		1 11 11 11 11 11 11 11 11 11 11 11 11 1	Type of Facility	(4)				
							School (K-					
ERICSSON LABS								r 8 (Other the			hon	200 01
Street Address							X Other (ie. p	private & com # of Floo		_	lg. A	
1 ERICSSON DRIVE							70,000	2			44	90
City (5)	unty (6)				Coun	ty Code (7)	Current Use (Pri	or if being de	emolishe	d)		
MIDDLESEX MID	DLESE				(STATE	USE ONLY)	COMMERCIAL			7/0		
Name of Monitoring Firm Hired by E	Building	Own	er (8)			ASCM No.	Name of Abater					
ENVIRONMENTAL TACTICS INC.						17	PAR ENVIRONI Street Address	MENTAL CO	RPORA	HOI	V	
Street Address 64 BROAD STREET							313 SPOOK RO	CK ROAD				
City, State, Zip Code							City, State, Zip (
MATAWA	AN, NEV	V JER	SEY	07747			SUFFERN, NEV		01			
Project Manager for Monitoring Firm Telephone Numb							Telephone Num	ber	License	Nun	nber	
THOMAS GEIGER 732-290-2217							845-369-7500		460			
Expected ! Start Date (10)		Sche			tion Date (1		Name of OSHA		ř			
7 / 17 / 15 Month Dav Year		Mo	nth 9	/	30/ Day	15 Year	QUALITY ENVI	RONWENTAL	L			
Occupancy Status During Abatement	(Check	only c	ne)				Street Address					
Facility Closed/Vacated Du							1376 ROUTE 9	W				
Abatement Performed Out							0:1- 01-1- 7:- (Do alla				
X Other - Describe Monday-	Saturda	y 5pm	-1am	/Satur	day & Sund	ay /am-3:30pm		oge NGERS FAL	LS. NY	1259	90	
Scope of Work (Check all that apply)						X Full Cont	ainment with Ne					
Demolition	X	Reno	vatior	1		Mini-Enclo						
>3SF OR LF							Procedure					
X >160 SF OR		l la	1			Non-Friab Description of As	le Procedure	Ι	TAF	nato	mon	t Type
Location of Asbestos-containing			Locat			containing Materi		Amoun	_			ш]
Material (ACM)		s	olely l	by		(ie. Thermal sy	stems	(Specify	y \alpha		REPAIR	₽
TO BE ABATED		0.000		todial		nsulation, surfaci		SF or LF	y F) EMOVAL		Ē	SO
in Facility (13)		Yes	taff (1	2) N/A		or other miscella	ineous)		1			NCLOSURE
OND FLOOR MORTH FACT AREA		165	140	X	VAT & MA	etic.		10,000 SF	X	1	\dashv	111
2ND FLOOR -NORTH EAST AREA			-	_			1999			+	\dashv	_
BASEMENT- BREAK ROOM				X	VAT & MA			525 SF	X	+	+	
2ND FLOOR NORTHEAST AREA				X	PIPE FITT			70 LF	X	+	+	
1ST FLOOR MER ROOM 3-1				X	PIPE FITT			4 LF	X	+	-	
1ST FLOOR MER 1 X PIPE FITTINGS								14 LF	X	+	4	
1st FLOOR MER 1 X PIPE FITTINGS								10 LF	X	_	_	
ADDITION TO SCOPE:												
BASEMENT- BREAK ROOM				Х	VAT & MA	VAT & MASTIC 260 SF X						
BASEMENT- BREAK ROOM CORRIE	OOR			X	PIPE FITT	INGS		30 LF				
Name of Registered Waste Hauler		NJDE	P W			is of Waste	Name of Registe			0		
DJM TRANSPORT , LLC			er ID I			80	GROWS LANDI	-ILL				
City, State	. ২ উল্লেখ্য	3.00	2698		Disposal D	late	Cityn State					
KEARNEY, NEW JERSEY	1991	-7. 40	e - ar -	Section 1	1/16-5/30/2	2015	MORBISMILLE,	PA		i		_
Completed by (Print or Type)	Title					Signature /	1881		Date /	10	[[11
BENJAMIN SANCHEZ	DIRE	CTO	ROF	OPER	RATIONS	P	//XX		//	17	1	

D&S Proj. #: 2015-243

State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)	Name of Building Ow	ner/Operator (2)		7. E	15 JUL 15 H	5 (a) € 5 [
0 7 / 1 0 / 1 5	jason spies								
Agencies Notified Type Notification	on Street Address			-					
EPA Initial Amended	8 DOUGLAS RO	DAD			\$	-			
DEP Amendment #:	City, State, Zip Code								
☑ DOL ☐ Emergency	GLEN RIDGE, I	NJ 07028							
DOH (including	Name of Contact		TANKS I		Telephone	Number			
DCA justification)	jason spies								
Cancellation		CILITY INFORM	ATION						
Name of facility where abatement is	25.630				Type of Facility (4				
	3 (-)				School	(K - 12)			
jason spies					100	pter 8 (Other ti		12)	
Street Address						Private/Comme Homes, etc.	rcial		
8 DOUGLAS ROAD						# of Floors	Blo	ig. Ag	ge
City (5)	County (6)			/ Code (7)					
GLEN RIDGE	ESSEX		(State	use only)	Current Use (Pri	or if being dem	olishe	d)	
Name of Monitoring Firm Hired by E		ASCM No.	IN	ame of Abatement (Contractor (9)				
	.,			D & S RESTORA	ATION, INC.				
Street Address				treet Address					
				20 California Av	e.				
City, State, Zip Code			Cit	ty, State, Zip Code					
	9.			Paterson, NJ 07:	503				
Project Manager for Monitoring Firm	Phone Num	nber	Te	elephone Number		License Numb	per		
			_	973-345-8020 ame of OSHA Monit		01169		_	
Start Date (10)	Sched. Completion Date (11)		D & S Restoration					
07/24/15	07/31/15		Si	treet Address	Jii, Mic.			-	
Occupancy Status During Abatemen	nt (Check only one)			20 California Av	enue				
Facility closed/vacated during			Ci	ty, State, Zip Code					
Abatement performed outside Describe:			_						
Other-Describe: NORMAL H	OURS		- 11	Paterson, NJ 07:	503				
Scope of Work (check all that apply	/)				Full Containment w	negative press	sure		
$\square > \underline{3} \text{ sf or } > \underline{3} \text{ If}$	Renovation				Mini-enclosure Glovebag procedure	0			
≥160 sf or ≥260 lf	Demolition				Non-Exempted (*)	and Non-friable	_	edure	
Location of	Is location normally used sole by maintenance/custodial	ely				e e	R	E	E
asbestos-containing material (acm) to be	staff(12)	 Description material (estos-containing	Amount (Specify SI	F or m	р	С	n
abated in facility (13)	Yes No N/A		(ACIVI)		ĹF)	o v	a i	a	L
7		DIDE DIGI	T ATTO	NT.	387 L FT	e	-	П	1
BASEMENT		PIPE INSU	LATIO	IN	36/LF1		片	믐	卄
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		+					H	Ħ	T
Registered Waste Hauler	NJDEP Hauler ID#	Cubic Yards of \	Waste In	Name of Registered	Landfill			_	
D & S RESTORATION, INC.	13506	4 YDS		TULLYTOWN,		COVERY			and the latest which
City, State	Disposal			City, State	DA				
PATERSON, NJ 07503	07/27	/15 Signature		TULLYTOWN,	rA	Date			
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Oignature				07/10/2015			
	Do not use this form for asber	■ I stos licensure ex	empted a	activities.			and the state of		

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

			1.	uiouu			00 4114 0.11	-1	Service in	C + 1					
Date of Notification (1)				Nam	e of Building	g Own	er/Operator (2)		o+ -o#					
07/	13 /	15		Ve	rizon						ero com				
Agencies Notified EPA	Type Notifica	tion		10000000	t Address Paterson	Stre	et	261	FJUL 15 A	110: 2	3				
□ DOLWD	☐ Amended				State, Zip C			\$1.00 p. 1.00	3	1111	JI.		_		
□ DHSS □	Amendme						NJ 07728		& LICENTI						
DCA	☐ Emergence justification		3		e of Contac										
(NJAC 5:23-8)	☐ Cancellati	0.00			ex Baylor				Tolophone Han	1001					
		-				FOR	BAATION								
Name of Facility Where	A h = t = = = = t := T	aldes Disa	(2)	FA	CILITY IN	IFUR	IVIATION	T	/4\						
Name of Facility Where Verizon	Abatement is 1	aking Place	÷ (3)					Type of Facility ☐ School (K-12							
									:) 3 (Other than K-1)	2)					
Street Address									rivate and comme		ilding	s,			
18 Paterson Street	[6								12.						
City (5)								# of Floors	0.000	dg. Ag	je				
New Brunswick								10,000	2		50				
County (6)				Cou	inty Code (7)(STA	TE USE ONLY)	Current Use (Pr	ior if being demol	ished)					
Middlesex															
Name of Monitoring Firm		ling Owner	(8)	ASCN	1 No.			ent Contractor (9)							
USA Enviornmenta	al						VN Restora	tion Inc							
Street Address							et Address								
8436 Enterprise Av	venue					4	7 Foster Ro	ad							
City, State, Zip Code															
Philadelphia, PA 1	9153					S	taten Island	NY 10309							
Project Manager for Mor	nitoring Firm		Te	lephone	No.	Tele	ephone No.		License No.						
Mark Jenkins			1	215-36	5-5870	7	18-605-6256	5	00774						
Start Date (10)	S	cheduled (Comp	letion D	ate (11)	Nan	ne of OSHA N	Monitor							
07/27/	15	_12_		30 /	15	T	estor Tech								
Occupancy Status Durin	ng Abatement (0	Check only	one)			Stre	eet Address								
□ Facility Closed/Vacate	이번에 가게 느다면 바다 그는 것같네					1	0 59 Jackso	n Avenue							
Abatement Performe						City	, State, Zip C	ode							
Time of Abatement:	AM	PM/ <u>5:0</u>	JPIVI-	2:30AN	Λ	L	IC NY 1110	1							
Scope of Work (Check a	all that apply)								501						
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			enova emoli				☐ Mini-End	tainment with Ne closure g Procedure	gative Pressure						
									on-Friable Proced	ure					
	547		s Loc							Ab	atem	ent T	уре		
Location Asbestos-Containing		n Us	Norm ed So	lally olely by	Ach	ataa i	Description of Containing Ma		Amount	Re	Re	Щ	ш		
TO BE AB		M		nance/	(i.e		rmal systems		(Specify	Removal	Repair	Encapsulate	Enclosure		
IN Faci		Cu	stodia (12	il Staff?			urfacing, VAT		SF or LF)	Val	"	sula	sure		
(13)		Yes		1 2000		Oti	ner miscellane	eous)				ate			
5 th Floor									4,826 SF						
										П					
			$d = \frac{1}{2}$							\neg					
										一言					
Name of Registered Wa	ste Hauler		17	NJDEF) Waste	Cut	oic Yards of	Name of Regi	stered Landfill		1-		1		
Newark Carting					ID No.	Wa:	ste	G.R.O.W.S							
City, State				110-0		Disposal Date City, State					-				
Hackettstown, NJ						0	8/	Morrisville	P,PA						
Completed By (Print or	Type)	Title					Signature	110 /1	- 1	Date					
Ralph Barnhardt	×F-7	The second	ct Ma	anagei			14	Mith them 07-13 15							

ASB-41 MAY 11

* Do not use this form for asbestos licensure exempted activities.

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)			Name	of Building	Owner/Operator (2	2)		0 - 5 - 6		-				
07 / 14 /	15			k of Am			2815 1111	•						
Agencies Notified Type Notifica	ation		Stroot	Address			2015 JUL 15) [4	10:	- 7				
⊠ EPA	ition			Kearny	Λνορμο		brance pro			- 4				
☑ DOLWD ☐ Amended				State, Zip C			& LICE	1111	1111	11				
☑ DHSSAmendme				rny, NJ			SE LIUE	MALAH	3	1.				
DCA Emergency justification		9		of Contac			Tolophono Num	ahar	200000	-20-611				
(NOAC 5.25-6) Justification				son Mun	7.0		Telephone Number							
									_					
Nome of English \Albana Abatamant in T	alder Diese	(0)	FAC	CILITY IN	IFORMATION									
Name of Facility Where Abatement is T Bank of America	aking Place	(3)				Type of Facility (
		0100-200				☐ School (K-12) ☐ Subchapter 8		2)						
Street Address						Other (i.e., pri			ilding	s,				
240 Kearny Avenue						homes, etc.)	T							
City (5)						Square Feet	# of Floors		ig. Ag	je				
Kearny, NJ					V/071777 1107 011110	12,000	2		15					
County (6)			Coun	ity Code (/)(STATE USE ONLY)	Current Use (Price	or if being demol	ished)						
Hudson		(0)	10011		1									
Name of Monitoring Firm Hired by Build		(250.000)	ASCM	No.	Name of Abateme									
Environmental Testing Consul	tants, LLC				JVN Restorat	tion Inc								
Street Address					Street Address									
413 N. Blackhorse Pike					47 Foster Ro									
City, State, Zip Code					City, State, Zip Co									
Runnemede, NJ 08078		1=1			Staten Island	NY 10309								
Project Manager for Monitoring Firm	100		phone		Telephone No.		License No.							
Horward Zenobie			55-209		718-605-6256		00774							
The state of the s	Scheduled C				Name of OSHA M	Ionitor								
07 / 24 / 15	07/		_ / -	15	Testor Tech									
Occupancy Status During Abatement (0.000 0.000 0.000			Street Address									
 □ Facility Closed/Vacated During Entire □ Abatement Performed Outside of No. 					10 59 Jackso									
Time of Abatement:AM-6:0				cribe	City, State, Zip Co									
	- 10000				LIC NY 11101									
Scope of Work (Check all that apply)					⊠ Full Con	tainment with Neg	ative Pressure							
≥3 sf or ≥3 lf		enovat			☐ Mini-End	losure	ative i ressure							
☐ ≥160 sf or ≥260 lf		emolitic	on			g Procedure mpted (*) and Nor	Eriable Brood	uro						
	1	Loca	ion	1	□ Non-Exe	inpled () and Noi	i-Friable Froceo	-		- A T				
Location of		Norma	lly		Description of	of		-	ateme					
Asbestos-Containing Material (ACN		ed Sole			stos Containing Ma	iterial (ACM)	Amount	Removal	Repair	Enc	Enclosure			
TO BE ABATED IN Facility	1 000000000	todial		(i.e	e., thermal systems surfacing, VAT		(Specify SF or LF)	NOV	ar.	aps	losu			
(13)		(12)			other miscellane		01 01 11)	1 =		Encapsulate	ē			
	Yes	No	N/A							(D				
Basement, Landing		\boxtimes		Floor T	ile		17SF							
		П							П	П	П			
		+=						1						
									Ш	Ш	Ш			
Name of Registered Waste Hauler	**	100	JDEP \		Cubic Yards of	Name of Regist	tered Landfill							
Newark Carting		F	lauler II NJ-56		Waste 5	IESI								
City, State			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Disposal Date	City, State								
Newark, NJ					07/31/2015	Bethlehem	,PA							
Completed By (Print or Type)	Title				Signature	11/11		Date			,			
Ralph Barnhardt	Projec	t Man	ager		61	the film	2	07-1	4-	15				

(X 010522

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

RECENSION

Date of Notification (1)			- 1		f Building	Owner/0	perator	(2)		9815	// tr	_			
7/10/15				PSE&	G					4610	JUL !) [HK	: 7:5	>
Agencies Notified	Type Notification			Street A 4000 h	.ddress Hadley I	Road				455	-3103		11	7171	
EPA DEP DOL	Initial Amended Amendmen	t#			ite, Zip Co Plainfie		07080			ſ	e LICH	M.	NG	7-1	
ĭ DOH	Emergency justification)	(including		Name of	f Contact					Tele	phone Nur	nhor			
☐ DCA	Cancellation	1		Straight of the control of	el Perca	STATE OF THE STATE									
Name of Facility Where	Abatament is Takir	a Diago /2	1	FACI	LITY INF	ORMATI	ON	Tyn	e of Facility (4)					_	
Essex Switching St		ig Flace (5	')					Typ							
Street Address								H	School (K-12) Subchapter 8		than K-1	2)			
155 Raymond Blvd	•3							×	Other (i.e. privetc.)	vate &	commerci	al bui	ldings	, horr	ies,
City (5) Newark								Squ 169	are Feet	# of	Floors		Bldg. 14	Age	
County (6)				County	Code (7)				rent Use (Prior	if hain	n demolish				
Essex				County Code (7) Current Us (STATE USE ONLY) Electrica								ieu)			
Name of Monitoring Firm Environmental Taci		Owner (8)	23	ASCN 0045					oatement Contr vironmental						
Street Address						,	Street								
64 Broad St. City, State, Zip Code					ock Rd. Zip Code										
Matawan, NJ 0774						NY 11980									
Project Manager for Mor Tom Geiger	nitoring Firm			90-2217		No. ∙8111		License N 01136	0.						
Start Date (10) 7/20/15		Schedule 8/20/15		npletion	Date (11)		100000000000000000000000000000000000000		SHA Monitor nental Tactio	s Inc					
Occupancy Status Durin	g Abatement (Che	ck Only On	ie)				Street						-100		
Facility Closed/Vac Abatement Perform					l St.										
Abatement Perform Other – Describe:		mal Facility	Hours						Zip Code n, NJ 07747						
Scope of Work (Check A	II That Apply)				W = - 37 - 7/8									1	
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			Renovation Demolition						ull Containmen lini-Enclosure llovebag Proce on-Exempted (dure				ro	
				888				1 18	on-Exempled () and	NOIFI HAL	10110	22.10	emen	t
Location	o of	753	Locati Iormal			Dec	orintion	of						ype	
Asbestos-Containing			d Sole			tos Cont		Materi	al (ACM)		nount			т	
TO BE AB.		10 A 5 5 6 5 1 T 5 1 S	odial S	State of the state	(i.e.	thermal	systems				ecify or LF)	Ren	Re	ncal	Encl
(13)			(12)				niscellan			O.	J1 L1)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A					- 8			=		ate	·6
Electrical Contro	House Roof			X		Perime	eter fla	shin	g	160 SF		x			
Electrical Contro		X		Penetra	1000		ng	16 SF		x					
Control H	louse			X		Elec	trical V	Vire		200) LF	x			
Name of Registered Was	ste Hauler		IN	JDEP W	/aste	Cubic	Yards		Name of Re	eaister	ed Landfill				
Waste Management			Н	Hauler ID No. of Waste 17273 20					G.R.O.W			dfill			
City, State					Disposal Date City, State										
Newark NJ						TBD			Morrisville	e, PA					
Completed by Michael J DiMaria		Title Proj N	Mar/ S	Site Su	perviso		ignature	bes	016-17	Par	/a 7/	te 10/1:	5		
			J.,			//	o wa	col	1/1/4/	1000	20-	arai il	i.		

(K14/

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

RECEIVEN

Date of Notification (1) 7-25-2015		1	me of Bu	uilding Owner/	/Operato	or (2)		2015	11 1	F 514	1,5					
Agencies Notified Type Notification		1	reet Addi 25 Dem	ress nott Ave						5 air		100				
EPA Initial Amended Amendment#				, Zip Code IJ 07013				a de	Lic	o cua Ekolk	G)L				
□ Emergency (inc justification) □ DCA □ Cancellation	cluding		ame of C oque E				Telephone Number									
			FACILI	TY INFORMA	TION		Type of Facility (4)									
Name of Facility Where Abatement is Taking I Private dwelling Street Address	Place (3)						Sch	ool (K-12)	(Othe	r than K-1	2)	ildin	as h	omos		
225 Demott Ave						Squ	etc.) uare F			Floors		Bldg	g. Ag		-	
City (5) Clifton		10		ndo (7)		N//		Ise (Prior	2 if bein	g demolis		N/A	1		\dashv	
County (6) Passaic				SE ONLY)		Pr	ivate	dwellin	g						_	
Name of Monitoring Firm Hired by Building Or Bioterra Solution	wner (8)		ASCM	No.				ent Contr cting Ll		(9)						
Street Address 1130 W Chestnut St						eet Add Morle										
City, State, Zip Code						ity, State, Zip Code Voodland Park NJ 07424										
Project Manager for Monitoring Firm			elephon	e No. 4-3762		lephone		8		License 01266	No.					
Ottal Court (10)	Scheduled	Com			Na		SHA	Monitor								
7-25-2015 Occupancy Status During Abatement (Check	7-26-20°	- 0.70m			Str	reet Ado	dress							-		
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm	eriod of Al	ateme	ent		1 .	130 W ty, State		stnut St	i 	<u> </u>						
Other – Describe:	ar r dointy r	Union NJ 07083							_							
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renovation Demolition					Mini-l	Enclosure	edure	n Negative						
		d December					Non-	Exempted	(*) an	d Non-Fri	iable F					
	0.000	Location				_							Abate Ty	ment pe	:	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Mair	ormali i Solei ntenar odial S (12)	ly by	s		stems in	erial (/ sulati or	ACM) on,	(Amount Specify F or LF)		Removal	Repair	Encapsulate	Enclosure	
L	Yes	No	N/A	-	oipe ins	sulatio	חח			10 LF	X			Х	\vdash	
basement			X	1	лре пъ	Sulauc										
											+					
Name of Registered Waste Hauler			IJDEP W		ubic Ya					ered Land		ا				
NEWARK CARTING		10.00	tauler ID 4509	1	f Waste CY					THLEHE	EM L	A LANDFILL COR				
City, State Newark					isposal -31-20		1	City, Stat Bethleh		PA						
Completed by Tome Maslarkov	Title Project Manager Signature						P. Date 7-14-2015									